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GROWING UP IN IRELAND STRICTLY CONFIDENTIAL

5-YEAR QUESTIONNAIRE – Draft of 20/02/13

PRIMARY CAREGIVER 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 <child>. The whole interview with the parents/guardians and child will take about ____ 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 Children and Youth Affairs is funding the study in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Skills 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.

Section A – Household Composition

A1a. [INTERVIEWER: Is <primary caregiver at time 2> still resident in the household?

Yes ₁ No..... ₂ →

A1b. Do you have a spouse/partner who lives here with you in the household?

Yes ₁ No..... ₂

A1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at time 2] lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.

A2. *The name, sex, date of birth, and relationship of each person to the <primary respondent at time 2> and <child> will be checked and edited where necessary and their residency in the household at time 3 confirmed.*****

No.	First name	Sex M F	Date of Birth	If DOB not available	Still resident? Y N	Relationship of each member to mother and child.		(E) Show Card A2F								
						R'SHIP TO:	R'SHIP TO:	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other		
						CARD A2E1 Mother	CARD A2E2 Study Child									
1		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2	////										
2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2	////										
3		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 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		
4		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 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		
5		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 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		
6		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 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		
7		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 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		
8		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 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		

Interviewer: Mother or lone father should be on line 1.

Study Child should be on line 2. Father / Partner on line 3 (if relevant).

[BLAISE CONDITION: IF ANY PERSON RESIDENT AT TIME 2 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 3: ASK QUESTIONS AS1 – AS3 ON THE SENSITIVE QUESTIONNAIRE]

[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID AT TIME 2 - ADD THEM TO THE NEW GRID BELOW]

A3a. Has anyone else joined the household since we last spoke and is currently living with you?

Yes 1

No 2 Go to A4

A3b. How many people have joined the household since we last spoke?

No	First Name	Sex M F	Date of Birth	If DOB not available	Relationship of each member to mother and child		Since when have they been living with you		Resident Y/N	Show Card A2F						
					Mother (Card A2E1)	Child (Card A2E2)	Month	Year		Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
21		<input type="checkbox"/> 1 <input type="checkbox"/> 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
22		<input type="checkbox"/> 1 <input type="checkbox"/> 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
23		<input type="checkbox"/> 1 <input type="checkbox"/> 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
24		<input type="checkbox"/> 1 <input type="checkbox"/> 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
25		<input type="checkbox"/> 1 <input type="checkbox"/> 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
		<input type="checkbox"/> 1 <input type="checkbox"/> 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
		<input type="checkbox"/> 1 <input type="checkbox"/> 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

[INT: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID AT A3 ABOVE INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]

A4. So that's a total of _____ people who live here in the household at present. Is that correct?

Yes ₁ No ₂ → [INT: Check Household Grid]

[ASK ONLY IF <TIME 2 PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT TIME 3.]

A5. When we last spoke in [MM/YY], we interviewed you as the primary caregiver of <child>. We would like you to complete the primary carer questionnaire with us on this occasion as well. Can I just check, are you still the primary caregiver of <child>?

Yes ₁ Go to A9a No ₂

A6a. Why is that?

IF PRIMARY CAREGIVER FROM TIME 2 HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:
 A6b. You mentioned that <spouse/partner> [identified at A1b above] lives here with you as part of the household. This means that we should interview him/her as the primary caregiver of <child> on this occasion. Is that correct?

Yes ₁ No ₂ [Int: please establish who is the Primary Caregiver of <child> at this time]

Go to A9a

IF PRIMARY CAREGIVER AT TIME 2 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 3 ASK A7a – A9.

A7a. Are you the legal parent / guardian of <child> who usually provides the most care to him/her?

Yes ₁ No ₂ → [INT: Ask to speak to PCG]

A7b. [Card A7b] Can you please tell me which of the following best describes your relationship to <child>?
 [Interviewer use codes only]

- Biological mother/ father ₁ Grandparent ₅
- Adoptive mother/ father ₂ Aunt/uncle ₆
- Step-mother / Step-father / Partner of child's parent ₃ Other relative/ in law ₇
- Foster mother / father ₄ Unrelated guardian ₈

A7c. Do you have a spouse/partner who lives here with you in the household?

Yes ₁ No ₂

A8a. How many people in total (including yourself and <child>) live here regularly as members of the household? _____ persons

No.	First name/Initial	Sex M F	Date of Birth	If DOB not available	Was this Person Resident at time 2? Y N	Relationship of each member to mother and child.		(E) Show Card A2F						
						<u>R'SHIP TO:</u>	<u>R'SHIP TO:</u>	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
						CARD A2E1 Mother	CARD A2E2 Study Child							
51		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	_____		<input type="checkbox"/> ₁ <input type="checkbox"/> 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
52		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	_____		<input type="checkbox"/> ₁ <input type="checkbox"/> 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
53		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	_____		<input type="checkbox"/> ₁ <input type="checkbox"/> 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
54		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	_____		<input type="checkbox"/> ₁ <input type="checkbox"/> 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
55		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	_____		<input type="checkbox"/> ₁ <input type="checkbox"/> 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

A8b. Was that person born into the household or did they join for another reason?

Born into the household.....₁

Joined for another reason (specify) _____ ₂

A8c. Since when has this person being living here in the household? _____ month _____ year

Go to A9a

A9a. Does <child> have any full, half or step brother(s) or sister(s) who live outside the household?

Yes ₁ No ₂

A9b. How many full/half/step brother(s)/sister(s) does <child> have who live outside the household? _____ n

A9c. For each full/half/step brother/sister who lives outside the household, can you tell me:

- 1) their gender
- 2) their Date of Birth (DOB)
- 3) their relationship to <child>

1. Male ₁ Female ₂ Date of Birth ____ / ____ / ____ Relationship to <child> *SHOW CARD A9c*

2. Male ₁ Female ₂ Date of Birth ____ / ____ / ____ Relationship to <child> *SHOW CARD A9c*

3. Male ₁ Female ₂ Date of Birth ____ / ____ / ____ Relationship to <child> *SHOW CARD A9c*

Section B - Child's Sleep and Relationships

I'd now like to ask you a few questions about <child's> habits and routines.

B1a. On a normal day, what time in the evening does <child> usually go to bed? _____ (24 hour clock)

B1b. On a normal day, what time does <child> wake up at in the morning? _____ (24 hour clock)

B2. On a normal day how many hours would the <child> sleep during the day _____ hours _____ mins
[INT: IF NONE THEN ENTER '0' FOR BOTH HOURS AND MINUTES]

B3. How much is <child's> sleeping pattern or habits a problem for you? Would you say... [INT: READ OUT]

A large problem	A moderate problem	A small problem	No problem at all
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

B4a. How often does <child> take comfort from a special blanket or toy during the daytime?

Most of the time ₁ Sometimes ₂ Never..... ₃

B4b. How often does <child> take comfort from a special blanket or toy during the nighttime?

Most of the time ₁ Sometimes ₂ Never..... ₃

B5a. How often does <child> suck a soother during the daytime?

Most of the time ₁ Sometimes ₂ Never..... ₃

B5b. How often does <child> suck a soother during the nighttime?

Most of the time ₁ Sometimes ₂ Never..... ₃

B6a. How often does <child> suck their thumb/finger(s) during the daytime?

Most of the time ₁ Sometimes ₂ Never ₃

B6b. How often does <child> suck their thumb/finger(s) during the nighttime?

Most of the time ₁ Sometimes ₂ Never ₃

B7. [CARD B7] I am going to read out some statements about the relationship between you and <child>. Please listen to 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 his/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

B8. [CARD B8] How often do you do the following when <child> misbehaves?

	Never	Rarely	Now and again	Regularly	Always	Can't say
a. Discuss/Explain why behaviour was wrong....	<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. Ignore him/her.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. Smack him/her.....	<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. Shout or yell at him/her.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e. Send him/her out of the room or to his/her bedroom or naughty step.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
f. Take away treats.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
g. Tell him/her off.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
h. Bribe him/her.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Section C - Child's physical health and development

Now I'd like to ask you a few questions about <child's> health

C1. [CARD C1] In general, how would you describe <child's> current health?

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

C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?

Yes ₁

No ₂ → Go to C5

C3. [CARD C3] What longstanding illness, condition or disability does <child> have?
 [INT – code for up to 3 illnesses]

- a. Asthma ₁
- b. Cystic Fibrosis ₂
- c. Heart abnormalities ₃
- d. Eczema or any kind of skin allergy ₄
- e. Any kind of respiratory allergy (including hayfever) ₅
- f. Any kind of food or digestive allergy or food intolerance ₆
- g. Problem with non-food allergies, such as to dust, animals or medicine ₇
- h. Bone, joint or muscle problems ₈
- i. A problem using his/her arms or legs ₉
- j. A problem using his/her hands or fingers ₁₀
- k. Hyperactivity/Problems with attention ADD / ADHD ₁₁
- l. Severe behavioural problems ₁₂
- m. Diabetes ₁₃
- n. Kidney disease ₁₄
- o. Migrainous headaches ₁₅
- p. Epilepsy or seizures ₁₆
- q. Down syndrome ₁₆
- r. Spina bifida/hydrocephalis ₁₆
- s. Cerebral palsy ₁₆
- t. Autism Spectrum Disorder ₁₇
- u. Other (please specify) _____ ₁₈

[INT – CODE FOR UP TO 3 ILLNESSES]

C3_1. Has this illness, condition or disability been diagnosed by a medical professional?

Yes ₁ No ₂

C3_2. Since when has <child> had this illness, condition or disability? _____ year

C3_3. Since when has <child> had this illness, condition or disability? _____ month

C4. Do any of these illnesses hamper <child> in his/her daily activities?

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

C3f_4. To which food or foods. Please specify all types of food to which <child> has a food or digestive allergy or food intolerance

Food 1: _____ **Food 2:** _____ **Food 3:** _____

C5a. In the past 12 months has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes ₁ No ₂

C5b. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? _____ N

C6. In the past 12 months has your child been prescribed the following specifically for this wheezing with whistling on his/her chest?

	Yes	No
a) An inhaler	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Antibiotics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) A nebuliser	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

C7. Can you tell me whether <child> has received the following vaccinations:

(a) the '4-in-1' vaccination (diphtheria, tetanus, pertussis and polio)

Yes..... ₁ No..... ₂ Don't Know/Never heard of it..... ₃

(b) the 'MMR' vaccination (Measles/Mumps/Rubella) after he/she started school at 4-5 years

Yes..... ₁ No..... ₂ Don't Know/Never heard of it..... ₃

C8. [CARD C8] In the past 12 months, how many times have you seen or talked on the telephone with any of the following about <child's> physical or emotional health? [INT: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]

a. A general practitioner (GP)	_____ N
b. A paediatrician / consultant / hospital doctor	_____ N
c. A public health nurse	_____ N
d. A practice nurse (i.e. a nurse in a GP's surgery/clinic)...	_____ N
e. A psychiatrist/psychologist.....	_____ N
f. Accident and Emergency	_____ N
g. A social worker.....	_____ N
h. A speech therapist	_____ N
i. Other medical professional (please specify).....	_____ N

C9a. Has <child> received a course of antibiotics in the past 12 months?

Yes ₁ No..... ₂

C9b. In total, how many courses of antibiotics has <child> received in the past 12 months? _____ N

C10. Since the time of the last interview in MM/YY, approximately how many nights has <child> spent in hospital? _____ nights

[INT: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']

C11. Most children have accidents at some time. Has child ever had an accident or injury for which <pronoun> has been taken to the doctor, health centre or hospital?

Yes ₁ No ₂

C12. How many separate accidents has <child> ever had? _____ accidents

C13. [CARD C13] Thinking about the MOST RECENT (or only) accident or injury, what sort of accident or injury was it?

- Loss of consciousness / knocked out 1
- Bang on the head / injury to head without being knocked out 2
- Broken bone or fracture 3
- Near drowning 4
- Swallowed household cleaner / other poison / pills 5
- Swallowed object 6
- Cut needing stitches or glue..... 7
- Injury to mouth or tooth 8
- Burn or scald 9
- Other (please specify) _____ 10

C14. What age was <child> when this MOST RECENT (or only) accident or injury happened?

_____ Years _____ Months

C15a. Did <child> go to the hospital? Yes..... 1 No 2

C15b. Was this to Casualty / Accident and Emergency only or was he/she admitted to a hospital ward?

- Casualty / Accident and Emergency only 1
- Admitted to a Hospital Ward 2

C16. Where did this accident happen?

- In your home 1
- A friend's, neighbour's or relative's house 2
- In childcare – childminder's house or creche/preschool 3
- In school..... 4
- Outside in your local neighbourhood 5
- Outside, somewhere else – not in your local neighbourhood..... 6
- Other (please specify) _____ 7

C17. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction? [INTERVIEWER: Explain that 'correction' includes being prescribed glasses]

Yes, currently..... 1 Yes, in the past 2 No 3

C18a. Does <child> currently have, or at any time in the past had, any sort of hearing problem requiring correction?

Yes, currently..... 1 Yes, in the past..... 2 No..... 3

C18b. Has <child> ever had grommets inserted in his / her eardrums?

Yes 1 No..... 2

C18c. When? Month _____ Year _____

C19. [CARD C19] Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it because: [INT: READ OUT]

- | | Yes | No |
|--|----------------------------|----------------------------|
| a. You couldn't afford to pay..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. The necessary medical care wasn't available or accessible to you | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. You could not take time off work to visit the doctor with <child> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. You wanted to wait and see if the problem got better | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Child refused / fear of doctor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Child is still on the waiting list..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. Other (please specify) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

C20a. Is <child> currently on a waiting list for any type of medical assessment or treatment?

Yes ₁ No ₂

C20b. Please specify _____

C21. Do you have any concerns about how <child> talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No..... ₁ Yes, a little..... ₂ Yes, a lot ₃ Don't know..... ₄

C22. [CARD C22] In which areas does child have difficulties? What speech problems does <child> have?

	Yes	No		Yes	No
a. Reluctant to speak.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	g. Voice sounds unusual.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Speech not clear to the family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	h. Stutters, stammers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Speech not clear to others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	i. Lisp or difficulty pronouncing certain letter combinations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Speech is developing slowly.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	j. Other (please specify).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Difficulty finding words	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			
f. Difficulty putting words together.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			

C23. Has <child> received any treatment for his/her speech or language problem?

Yes ₁ No..... ₂

C24. Has <child> been to visit the dentist because of a problem with his/her teeth?

Yes..... ₁ No..... ₂

C25a. Was there any time during the past 12 months when <child> really needed to consult a dentist but did not?

Yes..... ₁ No..... ₂

C25b. Was this because you could not afford it, or some other reason?

Could not afford it..... ₁ Other reason..... ₂

C26. [CARD C26] I would like you to tell me about your child's diet and the types of food <pronoun> does and doesn't eat. Looking at the card, please tell me how often, on average, your child eats these foods.

	Never	Less than once a month	At least once a month	At least once a week	Most days	Once a day	2-3 per day	4-5 per day	6+ per day
a. Ready to eat breakfast cereals	<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	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
b. Other breakfast cereals e.g. porridge	<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	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
c. White bread and rolls	<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	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
d. Wholemeal, brown bread and rolls	<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	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
e. Other breads e.g. scones, croissants.....	<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	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
f. Savoury breads, e.g. pizza	<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	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
g. Rice, pasta, noodles	<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	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
h. Cakes, pastries, buns	<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	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
i. Biscuits - any	<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	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
j. Chocolate or confectionery.....	<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	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
k. Other sweets.....	<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	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
l. Ice cream or ice lollies	<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	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
m. Puddings & chilled desserts	<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	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
n. Yoghurt (flavoured or plain but not fromage frais)	<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	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
o. Fromage frais (e.g. Petit Filous)	<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	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉

p. Cheese or cheese spread ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

q. Milk (cow's) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

r. Eggs (include in home cooking) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

s. Fruit squash (tropical fruit,
lemon barley, etc) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

t. Fruit juice (not squash) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

u. Blackcurrant only drinks ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

v. Fizzy drinks (**not** mineral water,
sugar-free or diet) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

w. Baked beans - canned ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

x. Peas, in any form ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

y. Leafy green vegetables
e.g. spinach, cabbage ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

z. Other green vegetables
e.g. green beans, broccoli ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

aa. Chips, fried potatoes
(e.g. waffles etc) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ab. Other potatoes ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ac. Carrots ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ad. Other root vegetables apart from
carrots and potatoes e.g.
parsnips, turnips ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ae. Mushrooms ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

af. Apples or pears (fresh) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ag. Soft fruits (e.g. peaches,
nectarines, grapes) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ah. Citrus fruits (e.g. orange,
tangerines, satsumas) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ai. Bananas ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

aj. Cucumber ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ak. Fresh tomatoes ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

al. Salad (e.g. lettuce) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

am. Butter ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

an. Low fat spread ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ao. Other spreads ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ap. Oils (e.g. vegetable, olive
sunflower) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

aq. Fish or shellfish including
fish fingers ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ar. Sausage, frankfurters ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

as. Liver (but not liver products
e.g. pâté) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

at. Beef, e.g. roast, steak, in stews ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

au. Beef, e.g. minced, burgers ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

av. Lamb, e.g. roast, steak,
in stews ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

aw. Pork, e.g. as a roast or chops
in stir fries etc ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ax. Bacon, rashers, ham ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ay. Chicken and poultry, e.g. as a
roast, in casseroles ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

az. Chicken and poultry, e.g. as
nuggets or breaded chicken ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ba. Crisps or other packet snacks ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

C27. [CARD C27] Which of these best describes <child's> weight?

[INTERVIEWER: Ask the respondent to use codes 1-4 as on the card if child is present at time of interview]

- Underweight..... 1
- Normal weight..... 2
- Somewhat overweight..... 3
- Very overweight..... 4

C28. Is <child> right or left-handed? Right-handed 1 Left-handed..... 2 Don't know 3

C29. [CARD C29] How often would you say <child>.....

	Never	Seldom	Often	Almost always
a.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
u.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
v.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
w.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
x.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
y.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
z.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Section D - Parental Health

Now I'd like to ask you a few questions about your own health.

D1. [CARD D1] In general, how would you say your current health is?

- Excellent..... 1
- Very good 2
- Good..... 3
- Fair..... 4
- Poor..... 5

D2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

D3. 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.]

D4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

D5. Are you hampered in your daily activities by this problem, illness or disability?

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

D6. 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

D7. Is <child> covered by private medical insurance?

Yes ₁ No ₂

D8. Does that insurance include the cost of GP visits?

Yes, in full ₁ Yes, partially ₂ No ₃

D9. Does anyone in your household CURRENTLY have any chronic illness, disability or special need which adversely affects the Study Child in any way or the care you are able to give <pronoun>?

Yes ₁ No ₂

D10. What is the relationship of that person/those people to the Study Child?

	Yes	No
a. Parent.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Brother / Sister.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Other relative.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Non relative.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

D11. Thinking about your free-time, in general would you say you are...[INT:READ OUT]

Very physically active ₁
Fairly physically active ₂
Not very physically active..... ₃
Not at all physically active..... ₄

D12. [CARD D12] Do you think that you are:

[INT: ASK THE RESPONDENT TO USE CODES 1-8 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

Very underweight ₁
Moderately underweight..... ₂
Slightly underweight..... ₃
About the right weight ₄
Slightly overweight ₅
Moderately overweight..... ₆
Very overweight. ₇
Don't know ₈

D13. [CARD D13] How often do you try to lose weight through dieting? Would you say...[INT:READ OUT]

Very often ₁ Often ₂ Sometimes ₃ Rarely ₄ Never ₅

Section E - Child's play, activities and temperament

The next section is about activities you may carry out with <child>.

E1. [CARD E1] Look at the card, for each statement, please indicate the answer that best describes the <child's> behaviour at the present time.

	Almost Never	Not Often	Variable, usually does not	Variable, usually does	Frequently	Almost always
a. This child is shy with strange adults	<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. When this child starts a project such as a puzzle or model, he/she works on it without stopping until it is completed, even if it takes a long time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. If this child wants a toy or sweet while shopping, he/she will easily accept something else instead	<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. This child is shy when first meeting new children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. This child likes to complete one task or activity before going onto the next	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. When this child is angry about something, it is difficult to sidetrack him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. When in a park or visiting, this child will go up to strange children and join in their play	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. This child stays with an activity (e.g. puzzle, construction kit, reading) for a long time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i. When shopping together, if I do not buy what this child wants (e.g. sweets, clothing), he/she cries and yells	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
j. When unknown adults visit our home, this child is immediately friendly and approaches them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
k. If this child is upset, it is hard to comfort him/her	<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. When a toy or game becomes difficult, this child quickly turns to another activity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

E2. Overall, compared to other children of the same age, do you think <child> is... [INT: READ OUT]

Easier than average..... 1

About average..... 2

More difficult than average..... 3

E3a. [CARD E3a] How often would you do any of the following with <child>?

	Never	Hardly ever	Occasionally	One or two times a week	Everyday	N/A
a. Play with <child> 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 <child>	<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 <child> read.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Read to <child>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
f. Use computer with <child> in educational ways	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
g. 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	

E3b. [CARD E3b] Does <child> do any of the following at home?

	Never	Hardly ever	Occasionally	One or two times a week	Everyday
a. Plays on computer, tablet device (eg iPad) or smartphone (e.g. iPhone) by themselves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Plays "make believe" or pretend games	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Paints, draws or makes models	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Enjoys dance, music, movement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E4. [CARD E4] In the past month, has <child> done any of these things with you or another family member?

	Yes	No
a. Gone to a movie	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Gone to a sporting event in which the child was not a player	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Gone to a concert, play, museum, art gallery, community or school event.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Attended a religious service, church, temple, synagogue or mosque	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Visited a library	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Swimming	<input type="checkbox"/> 1	<input type="checkbox"/> 2

E5. [CARD E5] Does <child> attend a sports club or sports group

Never	<input type="checkbox"/> 1	Regularly, two hours per week	<input type="checkbox"/> 4
Twice a month	<input type="checkbox"/> 2	Regularly, more than two hours per week	<input type="checkbox"/> 5
Regularly, one hour per week	<input type="checkbox"/> 3	Don't know	<input type="checkbox"/> 6

E6. Looking at Card E6, can you tell me how often <child>

	Never	Less than once per week	1-2 times per week	3-6 times per week	Every day	Don't know
a) Climbs on trees, climbing frame, wall bars etc.....	<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) Plays with a ball	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c) Plays chasing	<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) Rides a bike, tricycle or scooter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e) Skates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

E7. About how many children's books does <child> have access to in your home now, including any library books? Would you estimate... [INT: READ OUT]

None.....	<input type="checkbox"/> 1	21 to 30.....	<input type="checkbox"/> 4
Less than 10	<input type="checkbox"/> 2	More than 30.....	<input type="checkbox"/> 5
10 to 20	<input type="checkbox"/> 3		

E8a. I would like you to think about all the time <child> spends on an average weekday looking at the TV, videos, dvds, computer, Ipad, smart phones, electronic games system. We are talking here about the amount of time <child> spends in front of any 'screen' (computer or TV or game) in an average weekday. How much time would <child> spend on this type of 'screen time' on an average weekday?

None 1 1-less than 2 hours 2 2- less than 3 hours ... 3 3 or more hours 4

E8b. What does <child> MOSTLY do on that 'screen time'? Is s/he usually:

Playing educational games	<input type="checkbox"/> 1
Playing other games.....	<input type="checkbox"/> 2
Watching movies, videos, other TV.....	<input type="checkbox"/> 3
Doing a mixture of all types of activities.....	<input type="checkbox"/> 4

E9. Does your child ever access the internet using a computer, tablet, smartphone or game system (e.g. Xbox) at home?

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

E10. Is <child> supervised by you or another adult when he/she accesses the internet?

Always..... 1 Sometimes 2 Never 3

Section F - Child's Functioning and relationships

Now I'd like to ask you some questions about <child's> emotional health and wellbeing.

F1. [CARD F1] 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. Use answers 1, 2 or 3 as on the card if you like.

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

F2. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes, minor difficulties	Yes, definite difficulties	Yes, severe difficulties
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

F3. How long have these difficulties been present?

Less than a month1 1 -5 months2 6-12 months3 Over a year4

F4. Do the difficulties upset or distress your child?

Not at all 1 Only a little2 Quite a lot3 A great deal4

F5. Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
a. Home life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Friendships.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Classroom learning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Leisure activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

F6. Do the difficulties put a burden on you or the family as a whole?

Not at all 1 Only a little2 Quite a lot3 A great deal4

F7. Does <child> have any brothers or sisters?

Yes ₁ No ₂

F8. [CARD F8] In general, how well does <child> get on with his/her siblings?

Gets on well with his/her siblings ₁
Mixed ₂
Does not get on well with his/her siblings ₃
Does not see them ₄

Section G – School / Childcare / Preschool

G1. Has <child> started Junior Infants in primary school?

Note that the Early Start Programme is counted as preschool (not primary school). The Early Start Programme provides preschool places for 3 and 4 year olds in a small number of primary schools around the country.

Yes ₁ GO TO SECTION G1, QUESTION G2
No ₂ GO TO SECTION G2, QUESTION G35
Child is homeschooled ₂ GO TO SECTION G1, QUESTION G20

Section G1 – Child has started school

Subsection A – School details, school choice and transition to school

Now I'd like to ask you some questions on school details, school choice and transition to school

G2. When did he/she start Junior Infants in primary school? _____ month _____ year

G3. What school is <child> currently attending? Please give the full name and address as exactly as possible

Name of school: _____

Address 1: _____

Address 2: _____

Address 3: _____

Address 4: _____

County: _____

G4. And (can I just check) is it a single sex or mixed school?

Single sex ₁ Mixed sex ₂ Mixed sex Juniors, Single sex Seniors ₃

G5. What class (or year) is <child> currently in?

[INTERVIEWER: If interview is in July / August please enter the class <child> has just completed]

Junior Infants ₁
Senior Infants ₂
First class ₃
Other (please specify) _____ ₄

G6. When did you register or enroll Study Child with the school?

_____ month _____ year

G7a. Had you registered or enrolled <child> in other primary schools?

Yes ₁ G7b. How many? _____
No ₂

G8. Does <child> have any older brothers or sisters in the school they are attending?

Yes ₁ No ₂

The next few questions are about the time when you were deciding to enroll <child> at a primary school.

G9. [CARD G9] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources?

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a. Primary school staff | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Preschool staff (e.g. nursery or playgroup staff)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Friends | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Other parents | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Your siblings | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. School website..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Other (please specify) _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

G10. Did you have a choice about which school <child> would go to? Yes ₁ No ₂

[CARD G10] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school

- | | Very important | Somewhat important | Not very important | Not at all important |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. It's the local school or nearest to home | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b. His/her friends go or were intending to go there..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c. His/her brother/sister went/go there | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d. General good impression of school/good reputation..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e. The ethos of the school in terms of religion or beliefs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f. The gender mix of the school (co-educational/single sex) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| g. Language of instruction used in the school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| h. Other reason (specify) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

G11. [CARD G11] Did you do any of the things on this card to get <child> ready for starting school?

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a. You attended an information meeting arranged by the school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. You decided to visit the school before the Study Child started | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Sought advice from friends, neighbours and/or family | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Practised reading, writing or numbers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Talked to the Study Child about school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Something else (Please specify) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

G12. [CARD G12] I am going to read out a series of statements about how you felt about Study Child starting school, please tell me how much you agree or disagree with each statement.

- | | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. I felt that <child> was able to mix with other children well enough to get along at primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. I believe that <child> understood enough about taking turns and sharing to manage at primary school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. <Child> could go to the toilet on his/her own before starting primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. I felt that <child> had the pre-reading and writing skills necessary to start school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e. I was worried that <child> would find being apart from me too difficult..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| f. I was concerned that <child> would be reluctant to go to primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| g. I was worried that <child> was not independent enough to cope with primary school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

G13. How often would you or your spouse / partner usually speak in person to <child's> teacher?

Daily₁ Weekly₂ Monthly₃ Less often₄

G14. [CARD G14] Children sometimes have problems adjusting to primary school. On average, since <child> has started primary school...

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

The next few questions are about how you think <child> is getting on at school.

G15a. How do you feel about the pace of learning at school for Study Child? Do you feel it is...

[INT: Read out]

Too fast for <child>₁
 Just right for <child>₂
 Too slow for <child>₃

G15b. And which of these statements best describes how <child>is finding his/her school work?

[INT: Read out]

<Child>usually finds school work hard₁
 <Child>sometimes finds school work hard₂
 <Child>never finds school work hard.....₃

G16. How confident are you that you know what your child is learning or doing in school?

Very confident₁ Somewhat confident ₂ Not very confident ...₃ Not at all confident ₄

G17. [CARD G17] How is information communicated to you from the school?

	Yes	No
a. Chatting informally with teacher	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Parent-teacher meeting / other formal meeting.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Newsletter.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Written report.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Phone call.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Text message.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Letter or note with the child or in his / her journal.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. What child tells me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. School's website or blog.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

G18. [CARD G18] Can you tell me how much you agree or disagree with these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
a.<Child> finds it hard to sit still and listen in class	<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.<Child's > teacher knows him/her well and gives him/her just the support he/she needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c.<Child> was happier with the way he/she learned things in preschool/nursery	<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.<Child> has adjusted easily to the way they do things in school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

G19. Who usually minds <child> if he/she is too sick to attend school?

[Interviewer: Read out answer categories]

Mother₁ Father₂ Parents take turns₃ Grandparents.....₄
 Other relative₅ Friend/ Neighbour₆ Childminder₇ Other (please specify)₈

Subsection B – Term-time out of school care for those who have started school

Now I'd like to ask you some questions about childcare arrangements for Study Child **after school** during the school term **G20. Is <child> minded by someone other than you or your resident spouse / partner on a regular basis after school, during the school year (between September and June)?**

Yes 1 No 2 Go to G28

- G21. (a) [Card G21] Who minds <child> on a regular basis each week after school?**
(b) number of days per week <child> spends in each type of childcare
(c) number of hours per week <child> spends in each type of childcare
(d) how much you pay for this childcare for <child> 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 G22a	_____N	_____N	€ _____	<input type="checkbox"/>
b. A non-relative in your home	<input type="checkbox"/> 2 Go to G23a	_____N	_____N	€ _____	<input type="checkbox"/>
c. A relative in their home	<input type="checkbox"/> 3 Go to G22b	_____N	_____N	€ _____	<input type="checkbox"/>
d. A non-relative in their home	<input type="checkbox"/> 4 Go to G23b	_____N	_____N	€ _____	<input type="checkbox"/>
e. After School Service within School	<input type="checkbox"/> 5	_____N	_____N	€ _____	<input type="checkbox"/>
f. Other After School Service (e.g. in creche, community centre etc)	<input type="checkbox"/> 6	_____N	_____N	€ _____	<input type="checkbox"/>
g. Other (please specify)	<input type="checkbox"/> 7	_____N	_____N	€ _____	<input type="checkbox"/>

If more than one child in childcare arrangement, take the average cost per child

G22a. [CARD G22] Please specify how this person is related to <child>

1. Grandmother of <child> 1
2. Grandfather of <child> 2
3. Aunt /Uncle of <child> 3
4. Brother / Sister of <child> 4
5. Non-resident Parent 5
6. Cousin of <child> 6
7. Other relative 7

G22b. [CARD G22] Please specify how this person is related to <child>

1. Grandmother of <child> 1
2. Grandfather of <child> 2
3. Aunt /Uncle of <child> 3
4. Brother / Sister of <child> 4
5. Non-resident Parent 5
6. Cousin of <child> 6
7. Other relative 7

G23a. [CARD G23a] Which of the following best describes that person?

1. Au pair / Nanny (live in) 1
2. Friend / Neighbour 2
3. Childminder 3
4. Other 4

G23b. [CARD G23b] Which of the following best describes that person?

1. Friend / Neighbour 1
2. Childminder 2
3. Other 3

G24. What age was <child> when you started to use the main childcare arrangement? _____ years _____ months

[INT: IF ANSWER AT G21 IS (A) OR (B) PLEASE GO TO G26]

G25a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?

_____ number of children

G25b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?

_____ number of adults

G26. [CARD G26] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

How often do the following statements describe your experience?

	Never	Rarely	Sometimes	Often	Always
a. There are lots of creative activities going on.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. It's an interesting place for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. There are plenty of toys, books, pictures, and music for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. In care, my child has many natural learning experiences.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The caregiver provides activities that are just right for my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My child gets a lot of individual attention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. My child likes the caregiver	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G27. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...

[INT:Read out]

Very easy .. 1 Easy ... 2 Neither easy nor difficult .. 3 Difficult 4 Or very difficult 5 ... Don't pay 6

Subsection C – Attendance at Preschool prior to starting school

Now I'd like to ask you some questions about attendance at preschool prior to starting school

Children aged between 3 years 3 months and 4 years 6 months on the 1st of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

G28. Did you avail of the free preschool year for the Study Child?

Yes 1 No 2 Never heard of it..... 3

G28b. Why not? _____

G28c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?

Yes, would have sent him/her anyway 1 No, wouldn't have been able to send him / her 2

G29. How best would you describe the setting in which the free preschool year was made available:

- Preschool 1
- Naionra..... 2
- Montessori..... 3
- Creche..... 5
- Playgroup..... 5
- Other group care setting (please specify) _____ 6

G30a. What age was <child> when he/she first attended Free Preschool Year? Age: _____ years _____ months

G30b. What age was <child> when he/she finished attending this Free Preschool Year? Age: _____ years _____ months

G31a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?

Only 3 hours per day 1 Topped up with more hours 2

G31b. How many additional hours in this same preschool setting per week? _____ hours

G31c. How much did you pay per week in total for these additional hours? _____ euros

G32. [CARD G32] The next questions are about <child>'s preschool. Please read each statement and indicate how characteristic each statement was of the preschool.

How often did the following statements describe your experience

	Never	Rarely	Sometimes	Often	Always
a. There were lots of creative activities going on.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. It was an interesting place for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. There were plenty of toys, books, pictures, and music for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. In care, my child had many natural learning experiences.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The caregiver provided activities that are just right for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My child felt safe and secure in care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. The caregiver was warm and affectionate toward my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. It was a healthy place for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. My child was treated with respect.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. My child was safe with this caregiver	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. My child got a lot of individual attention.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. My caregiver and I shared information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. My caregiver was open to new information and learning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. My caregiver showed she (he) knew a lot about children and their needs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. The caregiver handled discipline matters easily without being harsh	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
p. My child liked the caregiver	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
q. My caregiver was supportive of me as a parent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
r. My caregiver was happy to see my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G33. How confident were you that you knew what your child was learning or doing in preschool?

Very confident1 Somewhat confident 2 Not very confident ...3 Not at all confident 4

G34. Who usually minded <child> if he/she was too sick to attend preschool?

[Interviewer: Read out answer categories]

Mother1 Father2 Parents take turns3 Grandparents4
 Other relative5 Friend/ Neighbour6 Childminder7 Other (please specify)8

Section G2 – Child has not started school

Subsection A. Reasons for not starting school yet and preparations for starting school

G35. [CARD 35] When thinking about why you chose not to send <child> to primary school yet, how important were each of the following factors?

	Very important	Somewhat important	Not very important	Not at all important
a. I thought <child> was too young.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I didn't think <child> was ready to start school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Not able to due to <child> health problem/disability.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. <Child> has problems with his/her speech or language development.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Preschool/School advised deferring entry.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Someone else advised deferring entry(Please specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Something else (Please specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

G36. Have you decided yet which school <child> will attend?

Yes ₁ No ₂

As you know, we would like to approach the schools being attended by the children in *Growing Up in Ireland* from next September so someone from Head Office will be in touch with you in August when things should be clearer for you in terms of which school <child> will be attending.

G37. Please record full name and address of the school <child> will attend.

Name of school: _____
 Address 1: _____
 Address 2: _____
 Address 3: _____
 Address 4: _____
 County: _____

G38. When will <child> start school? Which month and year?

_____ month _____ year Haven't decided yet ... ₁

G39. When did you register or enroll Study Child with the school?

_____ month _____ year

G40. Does <child> have any older brothers or sisters in the school they will attend?

Yes ₁ No ₂

G41a. Have you registered or enrolled <child> in other primary schools?

Yes ₁ **G41b. How many?** _____
 No ₂

The next few questions are about the time when you were deciding to enroll <child> at a primary school.

G42. [CARD G42] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources? Please tick all that apply

- a. Primary school staff ₁
- b. Preschool staff (e.g. nursery or playgroup staff)..... ₂
- c. Friends ₃
- d. Other parents ₄
- e. Your siblings ₅
- f. School Website ₇
- g. Other (specify) _____ ₈

G43. Did you have a choice about which school <child> would go to? Yes ... ₁ No ₂

G44. [CARD G44] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school

	Very important	Somewhat important	Not very important	Not at all important
a. It's the local school or nearest to home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. His/her friends go or were intending to go there.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. His/her brother/sister went/go there	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. General good impression of school/good reputation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. The ethos of the school in terms of religion or beliefs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. The gender mix of the school (co-educational / single sex)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Language of instruction used in the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Other reason (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

G45. [CARD G45] Are you doing or do you plan to do any of the things on this card to get <child> ready for starting school?

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a. Attend an information meeting arranged by the school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Visit the school before the Study Child starts | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Seek advice from friends, neighbours and/or family | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Practice reading, writing or numbers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Talk to the Study Child about school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Something else (Please specify) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

G46. [CARD G46] I am going to read out a series of statements about how you feel about Study Child starting school, please tell me how much you agree or disagree with each statement.

- | | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. I feel that <child> will be able to mix with other children well enough to get along at primary school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. I believe that <child> understands enough about taking turns and sharing to manage at primary school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. <Child> can go to the toilet on his/her own before starting primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. I feel that <child> has the pre-reading and writing skills necessary to start school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e. I am worried that <child> will find being apart from me too difficult..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| f. I am concerned that <child> will be reluctant to go to primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| g. I am worried that <child> is not independent enough to cope with primary school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Subsection B Attendance at Preschool – Child NOT at school

Children aged between 3 years 3 months and 4 years 6 months on the 1st of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

G47a. Have you availed of the Free Preschool Year for the Study Child?

- Yes ₁ No ₂ GO TO G55 Never heard of it ₃ GO TO G55

G47b. Why not? _____

G47c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?

- Yes, would have sent him/her anyway ₁ No, wouldn't have been able to send him / her ₂

G48. How best would you describe the setting in which the free preschool year was made available:

- Preschool ₁
 Naionra..... ₂
 Montessori..... ₃
 Creche..... ₄
 Playgroup..... ₅
 Other group care setting (please specify) _____ ₆

G49a. What age was <child> when he/she first attended Free Preschool Year? Age: _____ years _____ months

G49b. What age was <child> when he/she finished attending this Free Preschool Year OR What age will <child> be when he/she finishes, if he/she has not yet finished? Age: _____ years _____ months

G50a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?

Only 3 hours per day ₁ Topped up with more hours ₂

G50b. How many additional hours in this same preschool setting? _____ hours

G50c. How much did you pay per week in total for these additional hours? _____ euros

G51. [CARD 51] Children sometimes have problems adjusting to preschool. On average, since child has started preschool...

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

G52. [Card G52] The next questions are about <child>'s preschool. Please read each statement and indicate how characteristic each statement is/was of the preschool.

How often do/did the following statements describe your experience

	Never	Rarely	Sometimes	Often	Always
a. There are/were lots of creative activities going on.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. It is/was an interesting place for my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. There are/were plenty of toys, books, pictures, and music for my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. In care, my child has/had many natural learning experiences.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. The caregiver provides/provided activities that are/were just right for my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. My child feels/felt safe and secure in care.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. The caregiver is/was warm and affectionate toward my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. It is/was a healthy place for my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. My child is/was treated with respect	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. My child is/was safe with this caregiver.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. My child gets/got a lot of individual attention	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. My caregiver and I share/shared information	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. My caregiver is/was open to new information and learning.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. My caregiver shows/showed she (he) knows/knew a lot about children and their needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. The caregiver handles/handled discipline matters easily without being harsh	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
p. My child likes/liked the caregiver	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
q. My caregiver is/was supportive of me as a parent	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
r. My caregiver is/was happy to see my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

G53. How confident are/were you that you know/knew what your child was learning or doing in preschool?

Very confident ₁ Somewhat confident ₂ Not very confident ... ₃ Not at all confident ₄

G54. Who usually minds <child> if he/she is too sick to attend preschool?

[Interviewer: Read out answer categories]

Mother ₁ Father ₂ Parents take turns ₃ Grandparents ₄
 Other relative ₅ Friend/ Neighbour ₆ Childminder ₇ Other (please specify) ₈

**Subsection C. Term-time care arrangement:
Additional care arrangements for children attending preschool
Alternative care arrangement for children not attending preschool**

Now I'd like to ask you some questions about term-time childcare arrangements.

G55. (Thinking of any care arrangements in addition to those provided by the Free PreSchool Year or additional hours availed of in this preschool setting) Thinking of the school year Sept 2012 to June 2013, was <child> minded by someone other than you or your resident spouse / partner for 8 hours or more per week during the day?

Yes ₁ No ₂ If no go to g64

**G56. (a) [Card G56] Who minds <child> on a regular basis each week?
(b) number of days per week <child> spends in each type of childcare
(c) number of hours per week <child> spends in each type of childcare
(d) how much you pay for this childcare for <child> per week
(e) whether this is your main type of childcare**

If more than one child in childcare arrangement, take the average cost per child

	[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 G57a	_____ N	_____ N	€ _____	<input type="checkbox"/> ₄
b. A non-relative in your home	<input type="checkbox"/> ₂ Go to G58a	_____ N	_____ N	€ _____	<input type="checkbox"/> ₄
c. A relative in their home	<input type="checkbox"/> ₃ Go to G57b	_____ N	_____ N	€ _____	<input type="checkbox"/> ₄
d. A non-relative in their home	<input type="checkbox"/> ₄ Go to G58b	_____ N	_____ N	€ _____	<input type="checkbox"/> ₄
e. Creche, Montessori, preschool, naíonra or other centre-based care setting, ...	<input type="checkbox"/> ₅	_____ N	_____ N	€ _____	<input type="checkbox"/> ₄
f. Other (please specify)	<input type="checkbox"/> ₆	_____ N	_____ N	€ _____	<input type="checkbox"/> ₄

G57a. [Card G57] Please specify how this person is related to <child>

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

G58a. [Card G58a] Which of the following best describes that person?

- a. Au pair / Nanny (live in) ₁
- b. Friend / Neighbour ₂
- c. Childminder ₃
- d. Other ₆

G57b. [Card G57] Please specify how this person is related to <child>

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

G58b. [Card G58b] Which of the following best describes that person?

- a. Friend / Neighbour ₁
- b. Childminder ₂
- c. Other ₃

G59. What age was <child> when you started to use the main childcare arrangement? _____ years _____ months

[INT: IF ANSWER AT G56 IS (A) OR (B) PLEASE GO TO G61]

G60a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?

_____ number of children

G60b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?

_____ number of adults

G61. [Card G61] What is the main reason the Study Child is using regular child care at present?

- 1. Parent's work or study commitments ₁
- 2. Parent's sport, shopping, social or community activities ₂
- 3. Give parent a break or time alone ₃
- 4. Good for child's social development/to mix with other children ₄
- 5. Good for child's intellectual or language development ₅
- 6. Establish relationships with grandparents or non-resident parents ₆
- 7. Other ₇

G62. [Card G62] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

Never Rarely Sometimes Often Always

How often do the following statements describe your experience

- | | | | | | | | | | | | | | | |
|--|--------------------------|---|-------|--------------------------|---|-------|--------------------------|---|-------|--------------------------|---|-------|--------------------------|---|
| a. There are lots of creative activities going on. | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | 2 | | <input type="checkbox"/> | 3 | | <input type="checkbox"/> | 4 | | <input type="checkbox"/> | 5 |
| b. It's an interesting place for my child. | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | 2 | | <input type="checkbox"/> | 3 | | <input type="checkbox"/> | 4 | | <input type="checkbox"/> | 5 |
| c. There are plenty of toys, books, pictures, and music for my child. | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | 2 | | <input type="checkbox"/> | 3 | | <input type="checkbox"/> | 4 | | <input type="checkbox"/> | 5 |
| d. In care, my child has many natural learning experiences. | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | 2 | | <input type="checkbox"/> | 3 | | <input type="checkbox"/> | 4 | | <input type="checkbox"/> | 5 |
| e. The caregiver provides activities that are just right for my child | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | 2 | | <input type="checkbox"/> | 3 | | <input type="checkbox"/> | 4 | | <input type="checkbox"/> | 5 |
| f. My child gets a lot of individual attention | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | 2 | | <input type="checkbox"/> | 3 | | <input type="checkbox"/> | 4 | | <input type="checkbox"/> | 5 |
| g. My child likes the caregiver | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | 2 | | <input type="checkbox"/> | 3 | | <input type="checkbox"/> | 4 | | <input type="checkbox"/> | 5 |

G63. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...

Very easy .. 1 Easy ... 2 Neither easy nor difficult 3 Difficult 4 Or very difficult..... 5 Don't pay 6

Section G3 – NOT IN SCHOOL AND NOT IN CHILDCARE:

G64. What is the main reason the Study Child does not have any regular child care arrangements at present?

- Parent is available, other care not needed 1
- Problems with getting child care places around here 2
- Childcare not available around here 3
- Transport problems to childcare 4
- Can't afford it - cost too high 5
- Concerned with quality of care 6
- Child has disability or special needs 7
- Didn't want child cared for by strangers..... 8
- Parent(s) is / are the best for the child at this age 9
- Other (please specify) _____ 10

Section G4 – CHILDCARE ARRANGEMENT WHEN CHILD TURNED 3 YEARS OF AGE:

G65. Thinking back to when <child> turned 3 years of age, before he/she started the free preschool year (if relevant), was he/she minded on a regular basis by anyone other than you or your resident spouse/partner for 8 or more hours per week?

Yes 1 No 2

G66. What age was <child> when you started to use that childcare arrangement. (If more than one type of childcare was used when <child> turned 3 years of age please answer in respect of the main type of care used)?

_____ years _____ months

Section H – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

H1. How many times in the past week has the family sat down to eat an evening meal together? ____ (range 0 – 7)

The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

H2. [Card H2] Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)

	Never / almost never	Rarely	Sometimes	Often	Always / almost always
a. Hug or hold this child for no particular reason	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Tell this child how happy he/she makes you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Have warm, close times together with this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Enjoy listening to this child and doing things with him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Feel close to this child both when he/she was happy and when he/she was upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Express affection by hugging, kissing and holding this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

H3. [Card H3] When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)

	Never / almost never	Less than half the time	About half the time	More than half the time	All the time
a. Of all the times you talk to this child about his/her behaviour, how often is this praise?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. When you give this child an instruction or request to do something, how often do you make sure that he/she does it? ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. How often does this child get away with things that you feel should have been punished?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. How often are you angry when you punish this child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. How often do you feel you are having problems managing this child in general?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. How often is this child able to get out of punishment when he/she really sets his/her mind to it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. When you discipline this child, how often does he/she ignore the punishment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. How often do you tell this child that he/she is bad or not as good as others?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. How often do you think that the level of punishment you give this child depends on your mood?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

H4. [Card H4] If you are currently working 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

H5. [Card H5] 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

H6. Are you in regular contact with <child's> grandparents?

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

H7. How many of <child's> grandparents are still alive? _____ N

H8. With how many of his/her grandparents would you say <child> has a close or very close relationship? ____ N

H9. [Card H9] For the following items could you indicate whether or not the Study Child 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
a. Does the child have some new (not second hand) clothes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Does the child have two pairs of properly fitting shoes, including a pair of all-weather shoes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Does the child eat fresh fruit and/or vegetables at least once a day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Does the child eat three meals a day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Does the child eat a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Does the child have books at home suitable for his/her age?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Does the child have outdoor leisure equipment (bicycle, roller skates, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Does the child have indoor games (board games, computer games etc)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Does the child participate in a regular leisure activity (swimming, playing an instrument, youth organisations, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Does the child have celebrations on special occasions (birthdays, religious events)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Does the child invite/have friends to your house to play and/or eat from time to time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Does the child participate in school trips and school events that cost money?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Does the child have a suitable place to study or do homework?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

H10. [Card H10] Looking at Card H10, has the Study Child ever experienced any of the following:

[Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]

	Yes	No
A. Death of a parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. Death of other close family member (please specify) ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. Death of close friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. Divorce/separation of parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2
E. Moving house	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F. Moving country	<input type="checkbox"/> 1	<input type="checkbox"/> 2
G. Stay in foster home/ residential care	<input type="checkbox"/> 1	<input type="checkbox"/> 2
H. Serious illness/injury	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I. Serious illness/injury of a <u>family member</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
J. Drug taking/alcoholism in the immediate family	<input type="checkbox"/> 1	<input type="checkbox"/> 2
K. Mental disorder in immediate family	<input type="checkbox"/> 1	<input type="checkbox"/> 2
L. Conflict between parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2
M. Parent in prison	<input type="checkbox"/> 1	<input type="checkbox"/> 2
N. Other disturbing event (please specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

J: SOCIO-DEMOGRAPHICS

Time Section Started (24 hour clock)

Now some questions about the circumstances of your household.

J1. I would now like to ask you some questions about your accommodation: Is this accommodation a:
[Interviewer: Read out answer categories]

- House.....₁
- Apartment / flat/ bedsit.....₂
- Duplex.....₃
- Other (specify).....₄

J2. Does your accommodation have access to a garden or common space (either private or shared) where you can let <child> out to play?

Yes₁ No₂

J3. Do you / someone else supervise <child> when <pronoun> is playing in this space?

Always₁ Most of the time₂ Now and again.....₃ Never₄

J4a. [Card J4a] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?

[Interviewer: Note that where the PCG lives with the Study Child's grandparent(s) in their house, occupancy should be recorded as 'living with parents' rather than owner occupier, i.e. the PCG's nature of occupancy rather than the grandparents]

- Owner occupied (with or without a mortgage).....₁
- Being purchased from a Local Authority under a Tenant Purchase Scheme₂
- Rented from a Local Authority.....₃
- Rented from a Voluntary Body₄
- 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) job₈

J4b. How many bedrooms do you have in your home? _____ number of bedrooms

J5. Do you feel that your current accommodation (excluding location) is suitable for your family's needs?

Yes₁ No₂

J6. [CARD J6] Why is that?

- | | Yes | No |
|--|---------------------------------------|---------------------------------------|
| a. Too small | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Not a child-friendly layout..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Too many steps..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Poor conditions in the home (damp, drafts, leaks etc) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Problems with rats, mice, cockroaches etc..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Too noisy..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Problems with neighbours | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| h. Other (specify)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

J7. [Card J7] Which of these descriptions BEST describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as 0]

- | | | | |
|---|----------------------------|--|-----------------------------|
| 0. Currently on maternity leave, but have a job to return to..... | <input type="checkbox"/> 0 | 4. Student full-time..... | <input type="checkbox"/> 4 |
| 1. Employee (incl. apprenticeship or Community Employment)..... | <input type="checkbox"/> 1 | 5. On State training scheme (FAS, Failte Ireland etc)..... | <input type="checkbox"/> 5 |
| 2. Self-employed outside farming..... | <input type="checkbox"/> 2 | 6. Unemployed, actively looking for a job..... | <input type="checkbox"/> 6 |
| 3. Farmer..... | <input type="checkbox"/> 3 | 7. Long-term sickness or disability..... | <input type="checkbox"/> 7 |
| | | 8. Home duties / looking after home or family..... | <input type="checkbox"/> 8 |
| | | 9. Retired..... | <input type="checkbox"/> 9 |
| | | 10. Other (please specify)..... | <input type="checkbox"/> 10 |

J8. 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

J9. 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]

J10. [Card J10] 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

[Interviewer: Ask J11 if code 0 or 1 at J7]

J11. [CARD J11] Does your employer (a) provide any of the following types of family friendly facilities and (b) if they are provided, have you used them in the last 12 months?

	Provide?		Used last 12 months	
	Yes	No	Yes	No
a. Subsidised child care.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. A crèche or nursery at work.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Childcare vouchers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Assistance with finding childcare.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Flexible working hours (i.e. changing times you start and finish).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Allow parents paid time off when a child is sick (in addition to normal holiday allowance).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Allow parents unpaid time off when a child is sick.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Allow parents unpaid time off during school holidays.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Allow employees to work from home some or all of the time.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Allow employees option to job-share.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Other family friendly facilities (please specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

J12. In general, how would you rate your employer in terms of allowing 'family friendly' working?

- Very good.....1
 Fairly good.....2
 Neither good nor poor.....3
 Fairly poor.....4
 Very poor.....5

[Interviewer: Ask J13 if code 0 or 1 at J7]

J13a. Do you supervise or manage any personnel in your job?

Yes _1

No _2

J13b. How many? _____

[Interviewer: Ask J14 if code 2 or 3 at J7]

J14. How many employees (if any) do you have? _____ employees N A _99

[Interviewer: Ask J15 if code 3 at J7]

J15. How many acres do you farm? _____ acres _____ hectares

Go to J28

J16. Apart from holiday or casual work, have you ever had a full-time job? Yes ... _1 No .. _2 **Go to J21**

J17. In what year did you last work in that full-time job? _____ year

J18. 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

J19. [Card J19] 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

J20. [Ask only if Farmer at J18] How many acres did you farm? _____ acres _____ hectares

J21. Do you currently have a part-time job outside the home? Yes _1 No _2 **Go to J24**

J22. On average, how many hours per week do you work in that part-time job? _____ hours

J23. [Card J23] What is 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

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

Go to J25

J24. [Card J24] 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..... _____
- b. I chose not to work..... _____
- c. I am caring for an elderly or ill relative or friend... _____
- d. I prefer be at home to look after my children myself _____
- e. I cannot earn enough to pay for childcare _____
- f. I cannot find suitable childcare..... _____
- g. There are no suitable jobs available for me ... _____
- h. My family would lose Social Welfare or medical benefits if I was earning _____
- i. Other reason (please specify)_____ _____

J25. [Card J25] 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, please specify how many acres)

Now I would like to 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.

J26. [Card J26] Looking at the card, 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 J29]

J27. And of these sources of income which is the largest source of income at present? [Int Tick one box only in Col. B]

	<u>A</u>		<u>B</u>
	<u>Receive?</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
g. Student Maintenance Grants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

J28. [Card J28] 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 as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all household members. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO J29. IF EXACT FIGURE GIVEN GO TO J31]

Don't know..... 99 € _____ per Week..... 1 Month..... 2 Year 3

J29. [Card J29] I know that it is difficult to give an exact figure for household income but on Card J29 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, the income levy and public sector pension levy [if applicable]. 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 these deductions have been applied.

[Int: Tick the letter of the group your household falls into]

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"/> ₁ → Section A, Card J28
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000 ...	B <input type="checkbox"/> ₂ → Section B, Card J28
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000 ...	C <input type="checkbox"/> ₃ → Section C, Card J28
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000 ...	D <input type="checkbox"/> ₄ → Section D, Card J28
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000 ...	E <input type="checkbox"/> ₅ → Section E, Card J28
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000 ...	F <input type="checkbox"/> ₆ → Section F, Card J28
€926 to under €1,150	€4,001 to under €5,000	€48,001 to under €60,000 ...	G <input type="checkbox"/> ₇ → Section G, Card J28
€1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000 ...	H <input type="checkbox"/> ₈ → Section H, Card J28
€1,501 to under €1,850	€6,501 to under €8,000	€78,001 to under €96,000 ...	I <input type="checkbox"/> ₉ → Section I, Card J28
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> ₁₀ → Section J, Card J28
Refused	<input type="checkbox"/> ₇₇ GO TO J31	Don't Know	<input type="checkbox"/> ₈₈ GO TO J30

J30. [CARD J30] Would that be [Int: Show Card 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

J31. Does anyone in your household currently receive any Social Welfare payments?

Yes ₁ No ₂

J32. [Card J32] Now I'd like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card J32, 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	Rural Social Scheme	<input type="checkbox"/> 10
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's/Widower's or Surviving Civil Partner (Contributory) Pension	<input type="checkbox"/> 11	Deserted Wife's Allowance	<input type="checkbox"/> 15
Deserted Wife's Benefit	<input type="checkbox"/> 12	Prisoner's Wife's Allowance	<input type="checkbox"/> 16
Widowed or Surviving Civil Partner Grant	<input type="checkbox"/> 13	One-Parent Family Payment	<input type="checkbox"/> 17
Widow's/Widower's or Surviving Civil Partner (Non-Contrib) Pension	<input type="checkbox"/> 14		
CHILD RELATED PAYMENTS			
Maternity Benefit	<input type="checkbox"/> 18	Guardian's Payment (Contributory)	<input type="checkbox"/> 21
Adoptive Benefit	<input type="checkbox"/> 19	Guardian's Payment (Non-Contributory)	<input type="checkbox"/> 22
Health & Safety Benefit	<input type="checkbox"/> 20	Guardian/Orphan's pension	<input type="checkbox"/> 23
DISABILITY AND CARING PAYMENTS			
Illness Benefit	<input type="checkbox"/> 24	Prescribed Relative's Allowance	<input type="checkbox"/> 32
Invalidity Pension	<input type="checkbox"/> 25	Injury Benefit	<input type="checkbox"/> 33
Disability Allowance	<input type="checkbox"/> 26	Incapacity Supplement	<input type="checkbox"/> 34
Blind Pension	<input type="checkbox"/> 27	Disablement Benefit	<input type="checkbox"/> 35
Carer's Benefit	<input type="checkbox"/> 28	Medical Care Scheme	<input type="checkbox"/> 36
Domiciliary Care Allowance	<input type="checkbox"/> 29	Constant Attendance Allowance	<input type="checkbox"/> 37
Carer's Allowance	<input type="checkbox"/> 30	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> 38
Half-rate Carer's Allowance	<input type="checkbox"/> 31		
RETIREMENT PAYMENTS			
State Pension (Transition)	<input type="checkbox"/> 39	State Pension Non-Contributory	<input type="checkbox"/> 41
State Pension (Contributory)	<input type="checkbox"/> 40	Pre-Retirement Allowance	<input type="checkbox"/> 42
OTHER PAYMENTS			
Fuel/Smokeless Fuel Allowance	<input type="checkbox"/> 43	Diet/heating supplements	<input type="checkbox"/> 45
Household Benefits Package (electricity/gas/phone)	<input type="checkbox"/> 44	Other (please specify) _____	<input type="checkbox"/> 46

J33a. Does anyone in your household currently receive rent or mortgage supplement? Yes 1 No... 2

J33b. How much does the household receive PER WEEK in rent or mortgage supplement? €-----

J34. Do you receive or have you received in the last 12 months, any of the following payments?

- a. Back to school clothing and footwear allowance 1
b. Exceptional and urgent needs payments (from Community Welfare Officer) 2
c. Foster Care Allowance 3

J35. Looking at Card J35 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?

[INTERVIEWER: Note that Child Benefit rates are €130 per month for 1st, 2nd and 3rd child and €140 for 4th and subsequent children]

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

J36. [Card J36] 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
a. 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
b. 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
c. Do household members buy new rather than second-hand clothes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Does each household member possess a warm waterproof coat?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Does each household member possess two pairs of strong shoes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Does the household replace any worn out furniture?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Does the household keep the home adequately warm?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. 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
i. 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

J37. [Card J37] 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...

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

J38. 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

J39a. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes 1 No 2

J39b. [CARD J39b] Why was that?

Didn't want to..... 1 Couldn't leave the children 4
 Have a full social life in other ways 2 Illness..... 5
 Couldn't afford to 3 Other (specify) _____ 6

J40a. Does your family have a car?

Yes 1 No 2

J40b. Would your family like to have a car but you cannot afford it?

Yes 1 No 2

J41. Since our last interview in [MM/YYYY] we have had major changes in the economy with the recession, cutbacks and unemployment. Would you say that the recession has had... ..[INT: READ OUT]

A very significant effect on your family 1 A significant effect on your family 2 A small effect on your family 3 No effect at all on your family 4

J42. [Card J42] How has it affected your family?

	Yes	No
a. You were made redundant / lost your job	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Your spouse/partner was made redundant / lost their job	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Your or your spouse/partner's working hours were reduced	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Your or your spouse/partner's wages were reduced	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Your or your spouse/partner's social welfare benefits were reduced	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Your family can't afford luxuries (holidays, meals out etc).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Your family can't afford / had to cut back on basics (food, clothes etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. You are behind with rent / mortgage payments	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. You are behind with utility bills (e.g. electricity, gas bills etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Took out an extra loan or increased your debt	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Other (please specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Section K – About You

Now some more questions about yourself

K1a. [Card K1a] 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, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).

Third Level

6. National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.. ₆
 (Non Degree)
 7. Primary Degree ₇
 (Third Level Bachelor Degree)
 8. Professional qualification of Degree status at least (e.g. Chartered Accountant/Surveyor)..... ₈
 9. Both a Degree and a Professional qualification..... ₉
 10. Postgraduate Certificate or Diploma..... ₁₀
 11. Postgraduate Degree (Masters) ₁₁
 12. Doctorate (Ph.D)..... ₁₂

[INTERVIEWER: ASK K1B ONLY IF K1A IS CODE 3 OR HIGHER]

K1b. In what year did you get this qualification? _____

[INTERVIEWER: ASK K1C ONLY IF K1A IS CODE 5 OR HIGHER]

K1c. What is the name of this qualification?

[INTERVIEWER: Please record as much detail as possible]

[INTERVIEWER: ASK K1D ONLY IF K1A IS CODE 5]

K1d. Did you complete your Upper Secondary education (Leaving Certificate/'A'Levels or equivalent) before gaining this qualification?

- Yes ₁ No ₂

K2. What is <child's> first language?

- English ₁ Irish..... ₂ Other (please specify) _____ ₃

K3. What language is usually spoken to <child> in the home?

- English ₁ Irish ₂ Other (please specify) _____ ₃

[BLAISE CONDITION: ASK K4 –K6 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 2, NON-RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]

K4. 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 your native language?

- Yes ₁ No..... ₂

K5. Can I just check, can you read aloud to a child from a children's story book written in English?

- Yes ₁ No..... ₂

K6. Can you usually read and fill out forms you might have to deal with in English?

- Yes ₁ No..... ₂

[BLAISE CONDITION: ASK K7 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT TIME 2, NON-RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]

K7. 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

K8. Do you belong to any religion?

Yes ₁ No..... ₂

K9. [Card K9] Which religion?

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

K10. Are you a citizen of Ireland? Yes..... ₁ No ₂

K11. What citizenship do you hold? _____

[ASK K12 – K14 IF NON RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]

K12. Were you born in Ireland? Yes..... ₁ No ₂

K13. In which country were you born? _____

K14. 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	Don't know
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈₈

K15. [Card K15] Looking at card K15, can you tell me, what is your ethnic or cultural background?

Please choose ONE section from 1 to 4 then tick the appropriate box.

- 1. White
 - Irish..... ₁
 - Irish Traveller ₂
 - Any other White background ₃
- 2. Black or Black Irish
 - African..... ₄
 - Any other Black background ₅
- 3. Asian or Asian Irish
 - Chinese ₆
 - Any other Asian background ₇
- 4. Other, including mixed background..... ₈

L. Neighbourhood / Community

Time Section Started (24 hour clock)

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

L1. How long have you lived in your local area? _____ years OR _____ months

L2. [CARD L2] How strongly do you agree or disagree with these statements about your neighbourhood?

	Strongly agree	Agree	Disagree	Strongly disagree
a. This is a safe neighbourhood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. There are good parks, playgrounds and play spaces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. The state of the footpaths, roads and street lighting is good	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. There is access to close, affordable, regular public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. There is access to basic shopping facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. There is access to basic services such as banks, medical clinics, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. There is heavy traffic on my street or road	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. It is safe for children to play outside during the day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. People around here are willing to help their neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Most people in your neighbourhood can be trusted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. If you need information about local services, you know where to find that information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. You are well informed about local affairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. You feel a strong sense of identity with your neighbourhood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

L3. Do you participate in any ongoing community service activity? (e.g. volunteering at a school, coaching a sports team or working with a church or neighbourhood association)?

Yes.....1 No 2

L4. [CARD L4] 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
a. Rubbish and litter lying about	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Homes and gardens in bad condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Vandalism and deliberate damage to property	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. People being drunk or taking drugs in public	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

L5. [CARD L5] How often do you and your neighbours do each of the following?

	Never	Sometimes	Often
a. Do favours for each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Share information on schools or children's activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Visit each other's houses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

L6. How do you feel about your neighbourhood as a place for bringing up children?

Excellent <input type="checkbox"/> 1	Good <input type="checkbox"/> 2	Average <input type="checkbox"/> 3	Poor <input type="checkbox"/> 4	Very poor <input type="checkbox"/> 5	Don't know <input type="checkbox"/> 6
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L7. [CARD L7] 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