



The Economic and Social Research Institute
Whitaker Square
Sir John Rogerson's Quay
Dublin 2
Ph: 01-863 2000 Fax 01-863 2100



An Roinn Leanaí agus Gnóthaí Óige
Department of Children and Youth Affairs

University of Dublin
Trinity College
College Green
Dublin 2



TRINITY COLLEGE DUBLIN

GROWING UP IN IRELAND STRICTLY CONFIDENTIAL

5-Year Questionnaire – Draft of 20/02/13

SECONDARY 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 120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of 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

INT: IS RESPONDENT MALE OR FEMALE? Male 1 Female..... 2

X1. What is your date of birth? __ __ / __ __ / __ __ __ __
DD MM YYYY

Section A - Introduction

A1. [Card A1] Can you please tell me which of the following best describes your relationship to <child>?
[Interviewer use codes only]

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

Section B - Parent-Child Relationships

B1. [CARD B1] 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

B2. [CARD B2] 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] 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

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. 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

D7. [CARD D7] 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

D8. [CARD D8] 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 and activities

E1. 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

E2a. [CARD E2a] 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	

Section H – Parenting and Family Context

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

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.

H1. [Card H1] 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

H2. [Card H2] 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

H3. [Card H3] 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..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆
- b. Your family time is less enjoyable and more pressured..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆

Because of your family responsibilities:

- c. You have to turn down work activities or opportunities that you would prefer to take on..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆
- d. The time you spend working is less enjoyable and more pressured ₁..... ₂..... ₃..... ₄..... ₅..... ₆

J: SOCIO-DEMOGRAPHICS

Now some questions about yourself

J1. [Card J1] 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]

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

J2. 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

J3. 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]

J4. [Card J4] 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: | Do not use general terms such as: |
| RETAIL STORE MANAGER | MANAGER |
| SECONDARY TEACHER | TEACHER |
| ELECTRICAL ENGINEER | 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 J5 if code 0 or 1 at J1]

J5. [CARD J5] 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

J6. In general, how would you rate your employer in terms of allowing 'family friendly' working?

- Very good..... 1
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor.....

[Interviewer: Ask J7 if code 0 or 1 at J1]

J7. Do you supervise or manage any personnel in your job?

Yes 1 No 2

J8. How many? _____

[Interviewer: Ask J9 if code 2 or 3 at J1]

J9. How many employees (if any) do you have? _____ employees N A 99

[Interviewer: Ask J10 if code 3 at J1]

J10. How many acres do you farm? _____ acres _____ hectares

Go to Section K

J11. Apart from holiday or casual work, have you ever had a full-time job? Yes ... 1 No .. 2 **Go to J16**

J12. In what year did you last work in that full-time job? _____ year

J13. 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

J14. [Card J14] 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

J15. [Ask only if Farmer at J13] How many acres did you farm? _____ acres _____ hectares

J16. Do you currently have a part-time job outside the home? Yes ₁ No..... ₂ **Go to J19**

J17. On average, how many hours per week do you work in that part-time job? _____ hours

J18. [Card J18] 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

J19. [Card J19] 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)..... _____

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

[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]

K2. 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

K3. Can I just check, can you read aloud to a child from a children's story book written in English?

- Yes ₁ No..... ₂

K4. 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]

K5. 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

K6. Do you belong to any religion?

Yes 1

No 2

K7. [Card K7] 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

K8. Are you a citizen of Ireland?

Yes..... 1

No 2

K9. What citizenship do you hold? _____

[BLAISE CONDITION: ASK K10 – K12 IF NON RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]

K10. Were you born in Ireland?

Yes..... 1

No 2

K11. In which country were you born? _____

K12. 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 |

K13. [Card K13] Looking at card K13, 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

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

L1. 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

L2. How do you feel about your neighbourhood as a place for bringing up children?

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Excellent | Good | Average | Poor | Very Poor | 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"/> 6 |