

Main Questionnaire for 9 year olds

AREA HOUSEHOLD RESPONDENT

Interviewer Name: _____ Interviewer Number:

Time Section Started (24 hour clock) Date: ____ / ____ / ____



Instructions

Welcome to the Growing up in Ireland study. We want to find out what it is like to be a 9 year old child living in Ireland. You are one of 8,000 children aged 9 years that are taking part in this survey. Your answers will help the government to plan things for young people like yourself.

There are a number of questions which I will read out to you and which I would like you to answer. Some of the questions are about you, your school, your family, friends, how you feel and what you like to do. If you feel that there are any questions which you do not wish to answer, then that's ok.

This is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you **really think**. If you need help just let the interviewer know.

We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

How to fill in your answer on the answer booklet

To fill in a question just tick the box with the answer you want to give

Example:

Do you have any pets? Yes No



First think about school

Section A: School

1. What do you think about school?

Always like it

Sometimes like it

Never like it

₁ ₂ ₃

2. How well do you think you are doing in your school work?

Well

Average/Ok

Poorly

₁ ₂ ₃

3. Do you like the following subjects?

Always like it

Sometimes like it

Never like it

a. Maths ₁ ₂ ₃

b. Reading ₁ ₂ ₃

c. Irish ₁ ₂ ₃

4. How often do you get homework?

Never

1-2 times a week

3-4 times a week

Almost every day

₁ ₂ ₃ ₄

5. Do you think your family is better off (has a bigger house, better car, more expensive clothes) than:

a. Most of your classmates

Better off

About the same

Worse off

₁ ₂ ₃

b. Most of your neighbours

Better off

About the same

Worse off

₁ ₂ ₃

c. Other families in Ireland

Better off

About the same

Worse off

₁ ₂ ₃

Now think about the food that you eat

Section B: Food

6. We would like you to think back to what you ate yesterday. Did you eat the following?

- | | No | One Serving | More than one serving |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Fresh fruit | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b. Cooked vegetables | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c. Meat pie, hamburger, hot dog, sausage or sausage roll (any of these) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d. Chips or French fries | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e. Crisps or savoury snacks | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| f. Biscuits, doughnuts, cake, pie or chocolate (any of these)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| g. Milk | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| h. Cheese or yoghurt | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| i. Fizzy drinks or diet drinks | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| j. Bread, Pasta, Rice, Cereal (any of these) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

Section C: Activities

Can you think about the activities that you do?

7. Which of the following have you done *with your parents* within the last week (tick yes or no in respect of each)

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a. Eaten together | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Visited relations | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Sat and watched TV | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Chatted..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Went to the park | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Gone swimming | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Played games at home – board games and so on | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| h. Played games outside | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| i. Read something together | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

8. Do you have a computer at home? Yes..... ₁ No..... ₂ Go to Q12

9. Do you use it? A lot..... ₁ A little ₂ Never ₃ Go to Q12

10. What do you use it for? (tick yes or no in respect of each)

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a. Playing games..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Chatrooms (Websites where you have live chats with friends)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Watching movies/downloading music..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. E-mailing | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Instant messaging (Live email and texts on the web)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Surfing the internet for fun | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Doing homework | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| h. Surfing the internet for school projects | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

11. Are you allowed to use the internet without your parents or another adult checking what you are doing?

Yes..... ₁ No..... ₂

12. Here are some things that children could do in their free time. Can you please tell me which of these you like to do best, second best and third best.

- Hanging out with friends
- Chatting to friends on phone or computer
- Playing sport
- Watching TV.....
- Playing computer games
- Reading
- Playing games outside
- Listening to music
- Talking to your family
- Something else (Please write it down).....

13. What is your favourite hobby or activity? _____

14. How often do you play sport?

Never 1-2 times a week 3-4 times a week Almost every day

1 Go to Q15..... 2 Go to Q16..... 3 Go to Q16..... 4 Go to Q16

15. Please tell us what is your MAIN reason for not playing sport?

[Please tick one box only]

You do not like team games 1

You are no good at games 2

You have no opportunities to play 3

You feel people laugh at you because of your size 4

You have a disability which prevents you from playing 5

You prefer to watch sports on TV 6

You do not fit in with the sporty crowd..... 7

You do not like to get dirty or sweaty 8

You are not competitive..... 9

You prefer to play computer games..... 10

16. How often do you take exercise (e.g. running, cycling, swim) for 20 minutes or more ?

Never 1-2 times a week 3-4 times a week Almost every day

1..... 2 3 4

17. How often do you read for fun (not for school)?

Every day 1

A few times a week 2

Once a week 3

A few times a month 4

Less than once a month 5

Never 6

18. Do you have your own mobile phone? Yes ₁ No ₂

19. Below is a list of things that people do. Can you tell me which ones you would generally be expected to do for yourself:

- | | Yes | No |
|--|---------------------------------------|---------------------------------------|
| a. Shower or bathe | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Make breakfast..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Get yourself up in the morning..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Make a packed lunch | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Make dinner | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Tidy your bedroom..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Make your bed..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

20. Do you do any of these chores at home?

- | | Often | Occasionally | Never |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Help with cooking for the family | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b. Hoovering / cleaning | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c. Helping in the garden | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d. Washing the dishes / Emptying the dishwasher | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e. Putting out the bin / recycling | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| f. Cleaning the car | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| g. Helping with your younger brothers or sisters .. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| h. Helping an elderly or sick relative in the family. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

21a. Do you have a long term illness, disability or medical condition (like diabetes, asthma, allergy or cerebral palsy) that has been diagnosed by a doctor?

- | | | |
|--|---|--|
| Yes | No | Don't Know |
| <input type="checkbox"/> ₁ Go to Q21b | <input type="checkbox"/> ₂ Go to Q22. | <input type="checkbox"/> ₃ Go to Q22. |

21b. If yes, does your long term illness, disability or medical condition affect your attendance or participation at school?

Yes No
₁ ₂

22. How would you describe yourself?

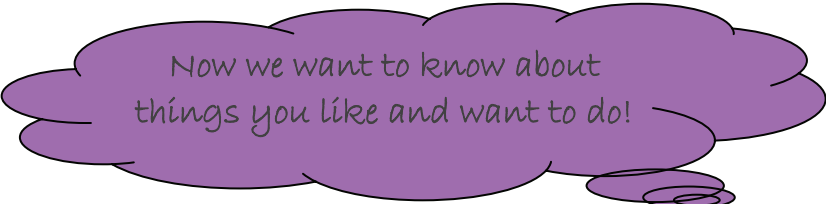
Very skinny A bit skinny Just the right size A bit overweight Very overweight
₁..... ₂..... ₃ ₄..... ₅

23. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends or walking to school.

Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football and surfing. For this next section add up all the time you spent in physical activity each day.

Over the past 7 days on how many days were you physically active for a total of at least 60 minutes per day?

No days 1 day 2 days 3 days 4 days 5 days 6 days 7 days
₀ ₁ ₂ ₃ ₄ ₅ ₆ ₇



Section D: Likes and Dislikes

24. What would you most like to be when you grow up? Please describe what you would like to be as fully as possible.

25. Think about the person whom you most admire. Who would that be?

Would it be: Please tick one only

- A person on television (TV star)..... ₁
- A film star ₂
- A teacher ₃
- A church leader..... ₄
- A footballer or sports star ₅
- Mum or dad ₆
- A pop star / singer / rapper ₇
- A politician ₈
- A footballer's wife ₉
- Someone else (please write down who) _____ ₁₀

26. Can you finish off each of the 3 sentences with your own words?

a. The thing that makes me most happy is

b. I am most afraid of

c. I like living in Ireland because

27. Is there a pet in your family? Yes ₁ No..... ₂

If you don't have a pet then you are now finished the questionnaire.

If you do have a pet please answer two more questions

That is the end of this part of the interview.

Time Section Ended

--	--	--	--

(24 hour clock)

28. What pets do you have? [Tick all that apply]

Cat Dog Goldfish Rabbit Other (Please write down)
₁ ₂ ₃ ₄ ₅ _____

29. What do you like best about your pet(s)? (Tick all that apply)

- a. They are fun to be with..... ₁
- b. I like to look after them ₂
- c. They make me feel loved ₃
- d. I like to feed them ₄
- e. I like to take them for walks..... ₅
- f. I can talk to them..... ₆
- g. I like to cuddle them ₇

That is the end of this part of the interview.

Time Section Ended

--	--	--	--

(24 hour clock)