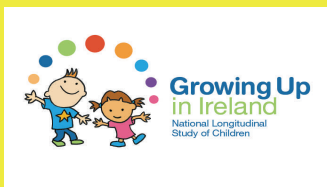


### Core Sensitive Questionnaire for 9 year olds

AREA  HOUSEHOLD  RESPONDENT

Interviewer Name: \_\_\_\_\_ Interviewer Number:

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.

We would like you to complete the following questions in this answer booklet. Some of the questions are about where you live, your school and your family.

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**.

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



Think about where you live

Section A: Where you live

- |   | Yes                                   | No                                    |
|---|---------------------------------------|---------------------------------------|
| 1. Do you like living around here? .....                              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| 2. Do you have plenty of friends to play with around here? .....      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| 3. Are there good places to play near your house? .....               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| 4. Do you think there is too much traffic near where you live? ...    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| 5. Is there a green area for you to play near where you live? .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| 6. Are the streets dirty around where you live? .....                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| 7. Are there youth clubs near where you live? .....                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| 8. Is there a playground near where you live? .....                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| 9. Do you think there is a lot of graffiti near where you live? ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| 10. Is there public transport to school (like a bus or train)? .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| 11. Are there activities to do after school around here? .....        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| 12. Are there places for children to play safely near your house?     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| 13. Are adults living around here usually nice to you? .....          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| 14. Do you feel safe living around here? .....                        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| 15. Are adults around here generally nice to children? .....          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

Now think about school

Section B: School

16. Do you look forward to going to school?

- |   |   |                                       |
|---|---|---------------------------------------|
| Always                                      | Sometimes                                   | Never                                 |
| <input type="checkbox"/> <sub>1</sub> ..... | <input type="checkbox"/> <sub>2</sub> ..... | <input type="checkbox"/> <sub>3</sub> |

17. Do you like your teacher?

- |   |   |                                       |
|---|---|---------------------------------------|
| Always                                      | Sometimes                                   | Never                                 |
| <input type="checkbox"/> <sub>1</sub> ..... | <input type="checkbox"/> <sub>2</sub> ..... | <input type="checkbox"/> <sub>3</sub> |

**18. Thinking back over the last year would you say that you picked on someone (either a child or an adult)?**

Yes.....<sub>1</sub>    No..... <sub>2</sub>    (If you have answered no, please skip to Question 20)

**19. How did you pick on them?**

**Yes**

**No**

- a. By shoving, pushing, hitting .....<sub>1</sub>.....<sub>2</sub>
- b. Name calling, slagging ..... <sub>1</sub>.....<sub>2</sub>
- c. Text messaging, emails, Bebo etc ..... <sub>1</sub>.....<sub>2</sub>
- d. Written messages / notes etc..... <sub>1</sub>.....<sub>2</sub>
- e. Leaving them out of games / chats ..... <sub>1</sub>.....<sub>2</sub>
- f. In other ways [please write it down]\_\_\_\_\_ <sub>1</sub>.....<sub>2</sub>

**20. Thinking back over the last year would you say that anyone (either a child or an adult) picked on you?**

Yes.....<sub>1</sub>    No..... <sub>2</sub>    (If you have answered no, please skip to Question 22)

**21. A. How did they pick on you?**

**Yes**

**No**

- a. By shoving, pushing, hitting ..... <sub>1</sub> ..... <sub>2</sub>
- b. Name calling, slagging ..... <sub>1</sub> ..... <sub>2</sub>
- c. Text messaging, emails, Bebo etc ..... <sub>1</sub> ..... <sub>2</sub>
- d. Written messages / notes etc..... <sub>1</sub> ..... <sub>2</sub>
- e. Leaving you out of games / chats ..... <sub>1</sub> ..... <sub>2</sub>
- f. In other ways [please write it down]\_\_\_\_\_ <sub>1</sub> ..... <sub>2</sub>

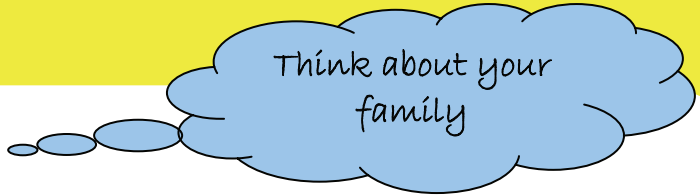
**21. B. If you were picked on, did this upset you?**

A lot

A little

Not at all

<sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>



**Section C: Family**

**22. Do you have brothers or sisters?** Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**23. Do you get on with them?**

Always                      Sometimes                      Never  
<sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

**24. If you have a problem who would you talk to about it?**

*Please tick all the people you would talk to*

Mum      Dad      Mum's partner      Dad's partner      Teacher      Friends      Another relative (Who?)  
<sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> \_\_\_\_\_

**25. Can you tell me how often you have a say in what the family does (such as what to watch on TV, what to do at weekends, where to go on family outings or holidays)?**

Always                      Sometimes                      Never  
<sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

**That is the end of this part of the questionnaire. The interviewer will now give you another part to complete.**

**Thank you for all your help.**