

Appendices to *Growing Up in Ireland*
Technical Series Report Number 2019-4
Report on the Pilot and
Pilot Extension Stages of Data Collection for
Cohort '98 at 13 Years (Child Cohort at Wave 2 (13 Years))

Main Pilot Appendices A, B & C

Appendix A: Introductory Letters, Information Sheets, Consent and Assent Forms

Appendix B: Questionnaires used in School Component

Appendix C: Questionnaires used in Home-based Component

Pilot Extension Appendices D & E

Appendix D: Introductory letters, Information Sheets, Consent and Assent Forms

Appendix E: Questionnaires used in Home-based Fieldwork

May 2019

Main Pilot Appendices A, B & C

Appendix A: Introductory letters, Information Sheets, Consent and Assent Forms

A1: Family Forward Letter (collating school attended) -----	6
A2: Consent form for school-based work (accompanying Family Forward Letter) -----	8
A3: Information Sheet (including reference to GUI-Genes) -----	10
A4: Information Sheet (no reference to GUI-Genes) -----	15
A5: Principal's Introductory Letter -----	20
A6: Principal's Information Sheet -----	22
A7: Family Introductory Letter (home-based) -----	26
A8: Family Consent Form -----	28
A9: Tracing Information Sheet -----	30
A10: Child/Young Person's Assent Form -----	32
A11: Child/Young Person's Information Sheet -----	34
A12: Consent Form for Child Sensitive -----	37

Appendix B: Questionnaires used in School Component

B1: Principal Questionnaire -----	40
B2: Principal-on-Child Worksheet -----	46
B3: Child/Young Person's Questionnaire (school-based) -----	48

Note: Cognitive tests and Piers-Harris scale are not included for copyright reasons

Appendix C: Questionnaires used in Home-based Component

C1: Primary Caregiver Questionnaire -----	56
C2: Secondary Caregiver Questionnaire -----	81
C3: Primary and Secondary Caregiver Sensitive Questionnaires -----	89
C4: Child/Young Person Main Questionnaire -----	100
C5: Child/Young Person Sensitive Questionnaire, Part 1 -----	108
C6: Child/Young Person Sensitive Questionnaire, Part 2 -----	115
C7: Child/Young Person Questionnaire on Relationship with Mum/Dad/Mum's Partner / Dad's Partner -----	119

C8: Early School-Leaver’s Questionnaire-----	128
C9: Non-resident Parent Questionnaire-----	133

Pilot Extension – Appendices D & E

Appendix D: Introductory letters, Information Sheets, Consent and Assent Forms

D1: Introductory Letter to Parents-----	142
D2: Information Sheet for Parents -----	144
D3: Child/Young Person’s Information Sheet -----	149
D4: Parent Consent Form -----	152
D5: Child/Young Person’s Assent Form -----	154
D6: Parental Consent Form for Young Person Sensitive-----	156
D7: Family Structure Prompt Card -----	158

Appendix E: Questionnaires used in Home-based Fieldwork

E1: Primary Caregiver Main Questionnaire-----	162
E2: Primary Caregiver Sensitive Questionnaire -----	186
E3: Secondary Caregiver Main Questionnaire -----	192
E4: Secondary Caregiver Sensitive Questionnaire -----	200
E5: Child/Young Person Main Questionnaire including Piers Harris-----	206
E6: Child/Young Person Questionnaire (Boy and Girl)-----	218
E7: Child/Young Person Parenting Style Inventory-----	223
E8: Time Use Diary-----	232

Appendix A: Introductory letters, Information Sheets, Consent and Assent Forms

A1 Family Forward Letter (collating school attended)



Date:
Our ref :

Dear,

We are writing to you about the second round of interviews for the *Growing Up in Ireland* study. As you may remember, *Growing Up in Ireland* is the first and most important study of children ever to take place in this country.

Almost four years have now passed since you and your family were interviewed as part of the pilot phase of *Growing Up in Ireland*. At that time we explained that we would like to make a return visit to your home for a follow-up interview to see how your child has changed and grown since our first visit. The second round of interviews will be taking place in the coming months and we would like to invite you to participate.

Taking part in the follow-up round of the study is very similar to before and will involve our interviewer doing some work with your child in school as well as calling to your home to speak with you, your spouse/partner (where relevant) and your child.

As a first step, we enclose with this letter an information leaflet which explains in more detail what your participation in the study involves.

We have also included a consent form which asks for details of the school your child currently attends and for your permission to allow the Study Team to carry out the school phase of the study with your child. ***Once you have read the information leaflet we would like you to fill out this consent form and send it back to us in the freepost envelope provided.***

When we receive the details on the school which your child is attending we will approach the school to carry out the interview there. At this point we are asking only for your permission to carry out the surveys in your child's school. After that, we will be contacting you again in a few weeks about carrying out an interview with you, your spouse/partner and child at home.

As with your first interview, taking part in *Growing Up in Ireland* is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law. No government department will have access to the information collected.

If you have any queries about the study or your involvement in it, please do not hesitate to contact our Communications Officer (Ms Jillian Heffernan) on 01-896 3378 or any of the *Growing Up in Ireland* team at 01-8632000.

Thanking you in anticipation,

Yours sincerely,

A2 **Consent form for school-based work
(accompanying Family Forward Letter)**

PARENT'S /GUARDIAN'S SCHOOL CONSENT FORM

Name of Child: _____ Child's Date of Birth: _____

Name of School my Child is Currently Attending: _____

Address of School: _____

This school is a: Primary School Secondary School

Year/Class my child is in: _____

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to the ***Growing Up in Ireland*** Study Team contacting my child's school and recording details on my child.
- I understand that this will include my child completing an assessment test in English and Maths as well as completing a questionnaire in the school. This will include what is called a self-concept scale – a set of questions on how my child sees him/herself.
- I understand my child's school principal will be asked to complete a questionnaire about my child's school as well as completing a few questions on how my child is getting on in school.
- I understand that the results of my child's assessment tests are strictly confidential and I and my family will not have access to them. They will be used only for the purposes of the study.
- I understand that I will not have access to the information given by my child or my child's school principal.
- I understand that I and my family will be asked later on for permission to carry out interviews in my home.

Name of Parent/Guardian: _____
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: (BLOCK CAPITALS PLEASE)

Signature of Parent / Guardian: _____ Date: _____

Contact telephone: _____

If relevant:

Name of parent/guardian not resident in your household: _____
(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household:

(BLOCK CAPITALS PLEASE)

Signature of parent/guardian not resident in your household: _____

Date: _____ Contact telephone: _____

A3 Information Sheet (including reference to GUI-Genes)

INFORMATION FOR PARENTS / GUARDIANS

Almost four years have now passed since you and your family kindly agreed to be part of the *Growing Up in Ireland* Study. This is a unique study following the progress of the same group of children over time to help improve our understanding of all aspects of children and their development.

Your child was one of over 200 children and their families who took part in the pilot phase of the study. We would now like to re-interview you to find out how your child has grown and changed since our last visit.

A reminder about what *Growing Up in Ireland* is all about...

Growing Up in Ireland is a national, Government funded study of children and is the first and most important of its kind ever to take place in this country.

The purpose of the study is to improve our understanding of all aspects of children and their development. It will:

- tell us how children develop over time.
- help us to find out what factors affect a child's development.
- look at what makes for a healthy and happy childhood and what might lead to a less happy one.
- help us to discover what it means to be a parent in Ireland today.

This information will help the Government to make decisions on which policies and services will be most beneficial for children and their families in Ireland.

What has been happening since our last visit?

A total of 8,500 nine-year-old children and their families were interviewed for the first main phase of *Growing Up in Ireland* and the first report on this part of the study was published in December 2009.

We have also been busy interviewing the families of 11,100 nine month old infants who are also taking part in the study. We published a report of our infant findings in November 2010.

Don't forget that you can keep up-to-date with all of our publications on our website, www.growingup.ie

Why should my family take part in the follow-up interview?

Your continued participation in the study is crucial to help get the most benefit from this research. The real value of this study will come in having more information on the same children as it will help us to better understand the changes which happen in children's lives as they grow and, very importantly, why children grow and develop at different rates.

The information collected during the first round of interviews in the main study will be used in a series of reports which the Government can use to help make improvements and bring real benefits for children and families for many years to come.

Who is running the study?

Growing Up in Ireland is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children and Youth Affairs in association with the Department of Social Protection and the Central Statistics Office.

The Office of the Minister for Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

What happens if I take part in the follow-up interview?

Taking part in the follow up interview is very simple and is very similar to your first interview.

Step One: An interviewer will call to your home. If you haven't already done so, you will be asked to sign a consent form recording the name and address of the school your child is currently attending. That gives permission to the Study Team to contact the school and administer some questionnaires there to the school Principal and to your child.

Step Two: At your child's school, your child will take a short test in English and Maths and complete a short questionnaire on their school life which will ask questions such as what subjects they take, if they enjoy school, how much time they spend at homework, etc. It will also include a set of questions on how they see themselves.

These tests and the interview will be completed by your child under exam-type conditions in a room or hall provided by the school. The questionnaires will be distributed by an interviewer from outside the school who will supervise how they are being filled out, in much the same way as a test in school would be conducted.

The results of the assessment tests will be kept strictly confidential. Individual results will not be seen by you, the school or anyone outside the Study Team and the Central Statistics Office. The test results are only for the purposes of the study and will not in any way affect your child's marks in school.

Step Three: The Principal at your child's school will be asked to complete a short questionnaire about the school and about how your child is getting on.

Step Four: The interviewer will arrange a visit to your home at a time which is convenient for you and your family to fill out some questionnaires. As with your first interview, this can be on a week day, in the evening time if that suits, or during the weekend.

Step Four: When the interviewer calls to your home, you, your child and your spouse/partner (if relevant) will each be asked to fill out a separate questionnaire with the interviewer. With your consent we would also like to administer a short assessment test to your child. This is a standard assessment used very widely in research with children. It involves asking your child to (i) explain the meaning of individual words and (ii) recognise some patterns. The results of this test will be kept strictly confidential and are only for the purposes of the study. Individual results will not be seen by you or anyone outside the Study Team. The visit to your home will last about 2 ½ hours.

If you decide not to take part in the study it will in no way adversely affect any future health or social care which you or your family will receive from the State.

GUI Genes

During the visit to your home, the interviewer will talk to you about whether or not you would be interested in taking part in a separate and extra piece of research called GUI GENES. This research will look at how children's physical and emotional health is affected by a combination of their genes, lifestyle and environment.

Taking part is entirely optional and up to you. You can still take part in the main *Growing Up in Ireland* study and decide not to take part in this separate piece of research.

GROWING UP IN IRELAND

If you decide to take part, a sample of saliva/spit will be taken from you, your child and your spouse / partner (if relevant). It will be used by researchers to study if certain genes can affect children's physical and emotional development and make children more prone to developing illnesses such as obesity, respiratory problems such as asthma and bronchitis and developmental disorders such as ADHD or Autism.

Confidentiality

As with the previous interview, all the information given to the *Growing Up in Ireland* interviewer is treated in the strictest confidence. It will be used exclusively for research purposes. The information given by your child, school Principal and so on will not be seen by anyone – not even you will have access to it. Similarly, other participants such as your partner will not see the information you give to us.

Under no circumstances could anyone in Government or any government agency or department be able to identify information given by you. The Study is being carried out under the Statistics Act (1993). This is the same legislation as is used to carry out the Census of Population and ensures complete confidentiality of all information collected. If, however, an interviewer feels that a child or other vulnerable person is at risk, we may have to act on it.

We will use an ID number on your questionnaire and this will help to ensure that your information is kept anonymous.

The information you provide will have your name, address and other identifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.

What kind of questions will my family be asked?

Similar to our last interview, you and your partner (if relevant) will be asked questions about:

- your child's health and education
- his/her emotional health and wellbeing
- your own health
- your family life and experiences as a parent

Your child will be asked questions about:

- his/her home and school life
- interest and activities he/she enjoys
- his/her relationship with you, siblings and friends.

All the questions are very straightforward, though some are quite detailed and some will address relatively sensitive issues like your family's income, your relationship with your partner (if relevant) and so on. The study interviewer will be able to help out if you have any concerns or questions about the actual survey questionnaire itself.

Following up in a few years' time:

At this point in time it is undecided if there will be a further round of follow-up interviews. However it is possible that we may wish to return to your household again when your child is 15-years-old.

In the meantime we will keep you up-to-date on the progress of the study results and the possibility of a further interview through our newsletter *GUI News*.

GROWING UP IN IRELAND

Who are the Interviewers?

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). S/he is an Officer of Statistics appointed by the Central Statistics Office and is similar to the interviewers who carry out research on behalf of the Central Statistics Office, including the Census. Each interviewer carries a photo ID card.

Each interviewer has been specially trained for the study and has been vetted by An Garda Síochána.

The interviewer is not allowed to be alone with your child at any time during his/her visit to your home.

If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the *Growing Up in Ireland* team at 01- 8632000.

What are my rights if I take part?

- **You and your family may choose to withdraw from the study at any time, even after the interviewer has called to your home.** At that stage, if requested, we would delete all information previously collected about you.
- If there are any questions on the questionnaire you do not wish to answer you do not have to do so.

What do I do next?

An interviewer will call to your home to arrange a time which suits you and your family to carry out the interviews.

Your participation counts.

Taking part in *Growing Up in Ireland* is voluntary. Your participation, however, will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of all caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

Phone: Freephone 1800 200 434

or contact our Communications Officer, Jillian Heffernan, on 01 896 3378
or call 01 8632000 and ask for the *Growing Up in Ireland* team

Visit our website: www.growingup.ie

Email: Email us at growingup@esri.ie

Post:

Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson's Quay,
Dublin 2



A4 Information Sheet (no reference to GUI-Genes)

INFORMATION FOR PARENTS / GUARDIANS

Almost four years have now passed since you and your family kindly agreed to be part of the *Growing Up in Ireland* Study. As you know, *Growing Up in Ireland* is a unique study following the progress of the same group of children over time to help improve our understanding of all aspects of children and their development.

Your child was one of over 200 children and their families who took part in the pilot phase of the study. We would now like to re-interview you to find out how your child has grown and changed since our last visit, almost four years ago.

A reminder about what *Growing Up in Ireland* is all about...

Growing Up in Ireland is a national, Government funded study of children and is the first and most important of its kind ever to take place in this country.

The purpose of the study is to improve our understanding of all aspects of children and their development. It will:

- tell us how children develop over time.
- help us to find out what factors affect a child's development.
- look at what makes for a healthy and happy childhood and what might lead to a less happy one.
- help us to discover what it means to be a parent in Ireland today.

This information will help the Government to make decisions on what future policies and services will be most beneficial for children and their families in Ireland.

What has been happening since our last visit?

A total of 8,500 nine-year-old children and their families were interviewed for the first main phase of *Growing Up in Ireland* and the first report on this part of the study was published in December 2009.

We have also been busy interviewing the families of 11,000 nine month old infants who are also taking part in the study. We plan to publish a report of our infant findings in November.

Don't forget that you can keep up-to-date with all of our publications on our website, www.growingup.ie

Why should my family take part in the follow-up interview?

Your continued participation in the study is crucial to help get the most benefit from this research. The real value of this study will come in having more information on the same children as it will help us better understand the changes which happen in children's lives as they grow and, very importantly, why children grow and develop at different rates.

The information collected during the first round of interviews in the main study will be used in a series of reports which the Government can use to help make improvements and bring real benefits for children and families for many years to come.

GROWING UP IN IRELAND

Who is running the study?

Growing Up in Ireland is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children and Youth Affairs in association with the Department of Social Protection and the Central Statistics Office.

The Office of the Minister for Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

What happens if I take part in the follow-up interview?

Taking part in the follow up interview is very simple and is very similar to your first interview.

Step One: You sign the consent form enclosed with this information leaflet. This records the name and address of the school your child is currently attending, and gives permission to the Study Team to contact the school and administer some questionnaires there to the school principal and to your child. Please send this form back to us in the freepost envelope provided.

Step Two: At your child's school, your child will take a short test in English and Maths and complete a short questionnaire on their school life which will ask questions such as what subjects they take, if they enjoy school, how much time they spent at homework, etc. It will also include a set of questions on how they see themselves.

These tests and the interview will be completed by your child under exam-type conditions in a room or hall provided by the school. The questionnaires will be distributed by an interviewer from outside the school who will supervise how they are being filled out, in much the same way as a test in school would be conducted.

The results of the assessment tests will be kept strictly confidential. Individual results will not be seen by you, the school or anyone outside the Study Team and the Central Statistics Office. The test results are only for the purposes of the study and will not in any way affect your child's marks in school.

Step Three: The principal at your child's school will be asked to complete a short questionnaire about the school and about how your child is getting on.

Step Four: In a few weeks' time an interviewer will contact you to arrange a visit to your home at a time which is convenient for you and your family. As with your first interview, this can be on a week day, in the evening time if that suits, or during the weekend.

Step Four: When the interviewer calls to your home, you, your child and your spouse/partner (if relevant) will each be asked to fill out a separate questionnaire with the interviewer. With your consent we would also like to administer a short assessment test to your child. This is a standard assessment used very widely in research with children. It involves asking your child to (i) explain the meaning of individual words and (ii) recognise some patterns. The results of this test will be kept strictly confidential and are only for the purposes of the study. Individual results will not be seen by you or anyone outside the Study Team. The visit to your home will last about 2 ½ hours.

If you decide not to take part in the study it will in no way adversely affect any future health or social care which you or your family will receive from the State.

GROWING UP IN IRELAND

Confidentiality

As with the previous interview, all the information given to the *Growing Up in Ireland* interviewer is treated in the strictest confidence. It will be used exclusively for research purposes. The information given by your child, school principal and so on will not be seen by anyone – not even you will have access to it. Similarly, other participants such as your partner will not see the information you give to us.

Under no circumstances could anyone in Government or any government agency or department be able to identify information given by you. The Study is being carried out under the Statistics Act (1993). This is the same legislation as is used to carry out the Census of Population and ensures complete confidentiality of all information collected.

We will use an ID number on your questionnaire and this will help to ensure that your information is kept anonymous.

The information you provide will have your name, address and other identifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.

What kind of questions will my family be asked?

Similar to our last interview, you and your partner (if relevant) will be asked questions about:

- your child's health and education
- his/her emotional health and wellbeing
- your own health
- your family life and experiences as a parent

Your child will be asked questions about:

- his/her home and school life
- interest and activities he/she enjoys
- his/her relationship with you, siblings and friends.

All the questions are very straightforward though some are quite detailed and some will address relatively sensitive issues like your family's income, your relationship with your partner (if relevant) and so on. The study interviewer will be able to help out if you have any concerns or questions about the actual survey questionnaire itself.

Following up in a few years' time:

At this point in time it is undecided if there will be a further round of follow-up interviews. However it is possible that we may wish to return to your household again when your child is 15-years-old.

In the meantime we will keep you up to date on the progress of the study results and the possibility of a further interview through our newsletter *GUI News*.

GROWING UP IN IRELAND

Who are the Interviewers?

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). S/he is an Officer of Statistics appointed by the Central Statistics Office and is similar to the interviewers who carry out research on behalf of the Central Statistics Office, including the Census. Each interviewer carries a photo ID card.

Each interviewer has been specially trained for the study and has been vetted by An Garda Síochána.

The interviewer is not allowed to be alone with your child at any time during his/her visit to your home.

If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the *Growing Up in Ireland* team at 01- 8632000.

What are my rights if I take part?

- You and your family may choose to withdraw from the study at any time, even after the interviewer has called to your home. At that stage, if requested, we would delete all information previously collected about you.
- If there are any questions on the questionnaire you do not wish to answer you do not have to do so.

What do I do next?

Enclosed with this information leaflet you will find a copy of a form entitled 'Parent/Guardian School Consent Form'. We would like you to read and sign this form, fill in your child's school details and send it back to us in the envelope provided. We have also enclosed a second copy of the consent form for your own records.

Your participation counts.

Just as before, taking part in *Growing Up in Ireland* is voluntary. Your participation will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of all caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

Phone: Freephone 1800 200 434

or contact our Communications Officer, Jillian Heffernan, on 01 896 3378
or call 01 8632000 and ask for the *Growing Up in Ireland* team

Visit our website: www.growingup.ie

Email: Email us at growingup@esri.ie

Post:

Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson's Quay,
Dublin 2



A5 Principal's Introductory Letter



Dear Principal

I am writing to you about the pilot for a most important government study on children. It is known as ***Growing Up in Ireland – the National Longitudinal Study of Children.***

The purpose of the study is to investigate the wellbeing of children in Ireland today and to identify the factors which help or hinder all aspects of their development – educational, social, emotional, psychological, physical, cognitive, etc.

The children involved in ***Growing Up in Ireland*** were interviewed along with their parents/guardians, when they were nine-years-old. These children are now 13-years-old and we are returning to them and their families for a follow-up interview to see how they have grown and how their lives have changed since our first visit. We are contacting you because at least one of the children in our sample is currently attending your school. The pilot stage of the project is being carried out now. The main study will be carried out in 2011.

The Department of Health & Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMCYA) 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 & Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.

The enclosed **Information Sheet for Principals** outlines the sort of help we are seeking. Page 2 of the leaflet details what is involved in your school's participation in the study. Broadly, this includes asking you, as Principal, to complete a short questionnaire about your school as well as a few short questions on each study child in your school. We would also ask you to allow one of our interviewers to administer an assessment test in English and Maths as well as a questionnaire to the children involved in the school. This will take about 2 class periods.

We realise that a study like this adds to the already heavy administrative and teaching workload in the school. This is the largest and most substantial study of children ever undertaken in Ireland. The results of the study will be very important in determining government policy in the area of children and families for many years to come.

One of our interviewers will phone you over the next few days to see if he or she can call to the school at a time which is convenient for you to meet and discuss the study, and to go through, in more detail, what we are requesting from you and your school.

I hope you will be able to help us in this most important study and we would like to thank you, in advance, for any assistance that you can give.

Yours sincerely,

(Research Professor, ESRI and
Principal Investigator, ***Growing Up in Ireland*** study).

(Director, Children's Research Centre, TCD
Co-director, ***Growing Up in Ireland*** study)

A6 Principal's Information Sheet

PRINCIPAL INFORMATION LEAFLET

What is the Growing Up in Ireland study?

Growing Up in Ireland is a national, Government study of children in Ireland. This exciting study is the first and most important of its kind ever to take place in this country.

The purpose of the study is to understand all aspects of children and their development. It will:

- tell us how children develop over time.
- help us to find out what factors affect a child's development.
- look at what makes for a healthy and happy childhood, and what might lead to a less happy childhood.
- help us to discover what children think of their own lives and learn what it means to be a child in Ireland today.

What will it tell us?

The study will focus on all aspects of a child's life including his/her cognitive, social, emotional, physical development and health status, while taking account of their school, family and community environments.

From an educational perspective we will be looking at the child's educational experience and what role this plays in his/her development, with a view to formulating policies to encourage positive educational outcomes for as many children as possible.

The data collected will be used to advise the Government on future policies and services that will be most beneficial for children and families in Ireland and which will ensure that all children can have the best possible start in life.

Who is running the study?

Growing Up in Ireland is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children and Youth Affairs in association with the Department of Social Protection and the Central Statistics Office.

The Office of the Minister for Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

Why is my school being asked to take part?

At this time we are asking you to take part in a pilot for the study. The main phase will take place in the second half of 2011.

Growing Up in Ireland includes 8,500 children from across Ireland who were interviewed along with their parents/guardians when the children were nine years old. We will be returning to them and their families for a follow-up interview when they are 13 years old to see how they have grown and how their lives have changed since our first visit.

The initial phase of the study, at aged nine years, included a school component which involved collecting information from the study children's school Principal and teacher as well as conducting Drumcondra assessment tests in English and Maths.

PRINCIPAL INFORMATION LEAFLET

A similar school component will take place for the second phase of the study, at 13 years, to capture a range of significant information such as the transition from primary to secondary school, type of school being attended and how the child is fitting in to second-level.

The name and address of your school were provided by each study child's parent/guardian who has consented to participate in the study.

What happens if my school take part?

Step One: A ***Growing Up in Ireland*** Interviewer will arrange a short meeting with you in your school, at a time which is convenient for you, to discuss participation in full detail.

Step Two: You will be asked to complete a short questionnaire about your school as well as a few questions about each study child in your school.

Step Three: The Interviewer will administer an assessment test in English and Maths to the study children in the school. The children will also be asked to complete a questionnaire. The results of the assessment tests will be kept strictly confidential and will not be available to the school or to the parents. This part of the study will take about two class periods.

Step Four: After the school-based component of the study, the Interviewer will visit the child's home to carry out interviews with the child and his/her parent(s)/guardian(s).

What does the school questionnaire involve?

In recognition of the vital role which a school plays in a child's development you, as Principal, will be asked to fill out a short questionnaire about your school. This will include details about:

- the school in general
- teaching and other school resources
- subjects and extra curricular activities available

What does the student questionnaire involve?

You will also be asked to complete a few questions on each study child which will include details on the child's class, behaviour and any additional supports required and provided for the child in the school. We think it is really important to have your expert perspective on these issues beside the information from the children themselves and their parents/guardians.

Will this information be kept confidential?

All the information provided by you and the school will be treated as strictly confidential.

The study is being carried out under the Statistics Act (1993) which governs the work of the Central Statistics Office e.g. the Census. The information you provide will be used only for the statistical purposes of this study.

The information provided by you cannot be accessed by the child's parents and will not be available under the Freedom of Information Act.

Who are the Interviewers?

The Interviewer who will call to your school is from the Economic & Social Research Institute (ESRI). They are Officers of Statistics appointed by the Central Statistics Office and are similar to the interviewers who carry out research on behalf of the Central Statistics Office, including the Census. Each interviewer carries a photo ID card.

Each interviewer has been specially trained for the study and has been vetted by An Garda Síochána.

If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the *Growing Up in Ireland* team at the ESRI (01- 8632000).

What are my rights if I take part?

- **You may choose to withdraw from the study at any time, even after you have completed the questionnaire.**
- If there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

What do I do next?

An Interviewer from the ESRI will be in contact with you in the coming days. He/she will discuss in more detail the participation of your school and will be able to answer any questions which you may have in relation to the study.

Your participation counts.

Taking part in *Growing Up in Ireland* is voluntary. The participation of you and your school will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of other caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

Phone: Freephone 1800 200 434

or contact our Communications Officer, Jillian Heffernan, on 01-896 3378

or call 01-863 2000 and ask for the *Growing Up in Ireland* team

Visit our website: www.growingup.ie

Email: Email us at growingup@esri.ie

Post:

Growing Up in Ireland,

Economic & Social Research Institute,

Whitaker Square,

Sir John Rogerson's Quay,

Dublin 2



A7 Family Introductory Letter (home-based)

Date:
Our ref :

Dear,

We are writing to you about the ***Growing Up in Ireland*** study. As you may remember, your family participated in this study a few years ago.

In recent weeks we wrote to you asking for details of your child's school and we would like to thank all of you who have sent those back to us.

Almost four years have now passed since you and your family were interviewed as part of the first pilot phase of ***Growing Up in Ireland***. At that time we explained that we would like to make a return visit to your home for a follow-up interview to see how your child has changed and grown since our first visit. The second round of interviews is now about to take place and we would like to invite you to participate.

As you may remember, ***Growing Up in Ireland*** is the first and most important study of its kind ever to take place in this country. As well as improving our understanding of children and their development it will help us to understand the main issues facing families in Ireland today. It will also help in providing advice to the Government on key decisions about future policies and services which will benefit all children and their families in Ireland for many years to come.

The study is being funded by the Department of Health & Children, through the Office of the Minister for Children and Youth Affairs, in association with the Department of Social Protection and the Central Statistics Office. The study is being carried out by a group of independent researchers from the Economic & Social Research Institute (ESRI) and Trinity College, Dublin.

As with your first interview, taking part in *Growing Up in Ireland* is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law. No government department will have access to the information collected.

In the coming days a member of our fieldwork team will call to your home to talk to you about the study, explain what your participation involves and to answer any questions you may have. The enclosed information leaflet provides more details on the study.

If you have any queries about the study or your involvement in it, please do not hesitate to contact our Communications Officer (Ms Jillian Heffernan) on 01-896 3378 or any of the ***Growing Up in Ireland*** team at 01-8632000.

Thanking you in anticipation,

Yours sincerely,

(Research Professor, ESRI and
Principal Investigator, *Growing Up in Ireland* study).

(Director, Children's Research Centre, TCD
Co-director, *Growing Up in Ireland* study)

A8 Family Consent Form

PARENT'S /GUARDIAN'S CONSENT FORM

Name of Child: _____ Child's Date of Birth: _____

(BLOCK CAPITALS PLEASE)

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to my child, and myself, being included in research being conducted for the *Growing Up in Ireland* study.
- I understand that the main aim of the project is to build a bank of information about the lives of children in Ireland today and into the future.
- I understand that a range of information will be collected, including information from my child, my child's other parent and my spouse or partner (where different) and my child's school Principal.
- I understand that the information provided by me and my family will have our names, address and other identifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.
- I understand that although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given by my child on the questionnaires or in direct interview questions, by my spouse/partner (if relevant), by my child's other parent (where different) or by my child's school Principal or teacher.
- I understand that if the interviewer observes anything which causes the people running the study concern about the welfare of the Study Child they may have to tell someone who can help.
- I understand that the results of the child's school tests and assessment tests are strictly confidential and I and my family will not have access to them. They will be used only for the purposes of the study.
- I understand that, because this study looks at children's development over time, I and my child may be asked to participate in a follow-up study in a few years time.
- I understand that I may withdraw my participation, and that of my child, at any time, including after the information has been collected.

Name of Parent/Guardian: _____

(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: _____

(BLOCK CAPITALS PLEASE) _____

Signature of Parent / Guardian: _____ Date: _____

Contact telephone: _____

If relevant:

Name of parent/guardian not resident in your household: _____

(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household: _____

(BLOCK CAPITALS PLEASE) _____

Signature of parent/guardian not resident in your household: _____

Date: _____

Contact telephone: _____

29 of 234

AREA:

HHOLD:

A9 Tracing Information Sheet



FOLLOW UP / TRACING INFORMATION

R1 Thank you very much for your participation in the *Growing Up in Ireland* survey.

We will be sending you updates on our progress from time to time. Could you give me the name and address (or phone number) of two relatives, friends, neighbours or any other persons or organisations who may be able to help us in contacting you, should you change address over the next few years.

[Int: Record details on two contacts below].

Contact 1

Name: _____

Address : _____

Phone: (____) _____

Relationship to respondent: _____

Contact 2

Name: _____

Address : _____

Phone: (____) _____

Relationship to respondent: _____

AREA: HHOLD:

A10 Child/Young Person's Assent Form



YOUNG PERSON'S ASSENT FORM

Name: _____

Date of Birth: _____

School Name: _____
(CAPITAL LETTERS PLEASE)

- I would like to take part in *the Growing Up in Ireland* study. I have been given and have read the information leaflet and have talked to my parents about taking part.
- I understand my parents (or whoever looks after me) will also be interviewed about themselves and me.
- I understand that all the information I give on the questionnaire in answer to direct interview questions is strictly confidential and private and will not be seen by anyone else.
- I understand that if the interviewer observes anything which causes the people running the study concern about my welfare they may have to tell someone who can help.
- I understand that I do not have to answer questions that I do not want to.
- I understand that I can stop taking part in the study at any time.

Signature: _____ Date: _____

A11 Child/Young Person's Information Sheet

YOUNG PERSON'S INFORMATION LEAFLET

Hey there!

When you were nine years old you and your parents agreed to take part in a very important project called ***Growing Up in Ireland***. You were one of 8,500 children from across Ireland picked to be part of the study.

You may remember an interviewer from the project calling to your home to ask you some questions about what your life was like and also speaking to your mum and dad about what life as a parent is like.

Now that you have turned 13 years old, we would like to talk to you and your parents again about how things have changed in the last four years – you are much older now, have changed schools and probably have some different interests and hobbies. We would like to find out all about these changes that have taken place.

This information leaflet will remind you about what ***Growing Up in Ireland*** is about and what will happen if you agree to take part again. When you have read it, chat to your parents about what you think!

What's Growing Up in Ireland all about?

Growing Up in Ireland or 'GUI' is a very important study that aims to find out lots of information about children and young people living in Ireland. The Government has asked us to carry out this exciting project to find out exactly what it is like to be a young person growing up in Ireland today. We think the best way to find this out is to ask young people just like you.

Why does the Government need to find out about young people?

This project is really important as it will help the Government to make better decisions about things that affect young people and to make life better for all the young people and their families in the country.

Why was I picked?

You are one of over 200 children selected for the pilot which we are carrying out now. In the main study next year we will be interviewing 8,500 young people just like you.

All the young people picked to take part in ***Growing Up in Ireland*** were chosen at random, which is like picking a name from a hat. This was the best way to make sure we included young people from all different kinds of families and from all different parts of the country. That way we can get a complete picture of what it is like to be a young person from any part of Ireland today.

What will it tell us?

The study will provide us with lots of information about young people's social and physical development, their education, their family, what they do with their friends, their health and so on.

The information collected will be used to advise the Government on future policies and services which will be of most benefit for young people and their families and which will help ensure that all families and young persons can have the best possible outcomes in life.

Will this information be kept confidential?

All the information provided by you on the questionnaire in answer to direct interview questions will be treated as strictly confidential, and private and will not be seen by anyone else.. If, however, the interviewer observes anything which causes the people running the study concern about your welfare they may have to tell someone who can help.

What are my rights if I take part?

- You may choose to withdraw from the study at any time, even after you have completed the questionnaire.
- If there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

Your participation counts.

Taking part in *Growing Up in Ireland* is voluntary. The participation of young people like you will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand what it is like to be a young person in Ireland today.

We hope that you will be able to help us in our work and we would like to thank you for your time completing our questionnaires.

Where can I find out more information?

Phone: Freephone 1800 200 434

or contact our Communications Officer, Jillian Heffernan, on 01 896 3378
or call 01 8632000 and ask for the *Growing Up in Ireland* team

Visit our website: www.growingup.ie

Email: Email us at growingup@esri.ie

Post:

Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson's Quay,
Dublin 2



A12 Consent Form for Child Sensitive



PARENT'S /GUARDIAN'S CONSENT FORM 2 – Sensitive Questionnaire

Name of Child: _____ Child's Date of Birth: _____
(BLOCK CAPITALS PLEASE)

In respect of the Child Sensitive Questionnaire, Part 2:

- I consent to my child completing the Child Sensitive Questionnaire, Part 2 and the questions in it.
- I agree that the interviewer has provided me with a full and comprehensive explanation of the purpose and structure of the Child Sensitive Questionnaire, Part 2 and has shown me a copy of the blank questionnaire.
- I agree that I have been given an opportunity to ask any questions I may have in relation to the Child Sensitive Questionnaire, Part 2 and that these questions have been answered to my satisfaction.
- I understand that neither I nor my spouse/partner (where relevant) will have access to the information given by my child in this questionnaire.
- I understand I will receive no feedback on the information which my child provides in answering this questionnaire *unless* my child specifically asks for help or assistance in regard to matters raised.
- I understand that if the interviewer observes anything which causes the people running the study concern about the welfare of the Study Child they may have to tell someone who can help.
- I understand that, as with all other parts of the *Growing Up in Ireland* study, the information collected as part of this questionnaire is strictly confidential and can be used only for research purposes.

Name of Parent/Guardian: _____
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: _____

(BLOCK CAPITALS PLEASE) _____

Signature of Parent / Guardian: _____ Date: _____

Contact telephone: _____

If relevant:

Name of parent/guardian not resident in your household: _____
(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household: _____

(BLOCK CAPITALS PLEASE) _____

Signature of parent/guardian not resident in your household: _____

Date: _____ Contact telephone: _____

AREA: HHOLD:

Appendix B: Questionnaires used in School Component

B1 **Principal Questionnaire**



Growing Up in Ireland – the national longitudinal study of children STRICTLY CONFIDENTIAL

PRINCIPAL'S QUESTIONNAIRE

This questionnaire is for collecting data on the student's school

School ID

Date _____ day _____ mth Int Name _____ Int. No.

Growing Up in Ireland is a major new government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child's development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

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

The children who are participating in the Study were randomly selected through their primary school when they were in 3rd or 4th class. We are now carrying out a follow-up interview with them to see how they have developed by the age of 13 years, when they are mostly in 1st or 2nd year in second level.

All information provided in the course of the Study will be treated in the strictest confidence and would not be passed on to anyone or any body outside the Growing Up in Ireland Study Team, unless we record information which leads us to be concerned about the health or safety of the child or other vulnerable person, as outlined in Children First guidelines for the protection and welfare of children.

A. INFORMATION ON PRINCIPAL

1. Are you male or female? Male ₁ Female ₂

2. To which age group do you belong?

20 - 29 yrs..... ₁ 30 - 39 yrs..... ₂ 40 - 49 yrs..... ₃ 50 - 59 yrs..... ₄ 60 yrs or older..... ₅

3. For how many years have you been Principal:

(a) in this school?..... _____ years (b) in other Second Level Schools? _____ years

B. SCHOOL CHARACTERISTICS

4. How many boys and how many girls are enrolled in the school?

Boys _____ Girls _____ Total Pupils _____

5. How would you describe the religious ethos of your school?

- Catholic ₁
- Church of Ireland ₂
- Presbyterian ₃
- Methodist ₄
- Muslim ₅
- Jewish ₆
- Multi-denominational ₇
- Interdenominational ₈
- Other (please specify) _____ ₉

6. What type of school is it?

- Fee-paying secondary 1
- Non-fee paying secondary 2
- Vocational school 3
- Community college 4
- Community school 5
- Comprehensive school 6
- Mainstream primary school 7
- Special school 8

7. Does your school take part in the DEIS Support Programme?

- Yes, DEIS post-primary 1
- Yes, urban band 1 primary 2
- Yes, urban band 2 primary 3
- Yes, rural DEIS primary 4
- No 5

8. How many full-time and part-time teachers work in this school? Please indicate how many are male and how many are female.

Teachers	Full-time	Part-time
Male		
Female		
Total		

9. Does your school provide the following resources?

- | | Yes | No |
|--|----------------------------|----------------------------|
| a) Learning Support/Resource Teachers..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b) Language Support Teachers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c) Guidance Counsellor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d) Special Needs Assistants | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e) Other Teaching Assistants..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

10a. Does the school have a Home-School Community Liaison Co-ordinator?

Yes..... 1 No 4

10b. If yes, is this full-time or part-time?

Full-Time 2 Part-Time 3

11. Compared to other Second Level Schools in the country how adequate to the needs of the school and the students are the school's resources in each of the following areas?

	Poor	Fair	Good	Excellent
a. Number of teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Number of classrooms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Computing facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Sports facilities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Science labs/equipment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Learning support provision.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Language support provision	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

12. In your assessment, approximately what proportion of pupils in the school would have such literacy, numeracy, or emotional-behavioural difficulties as to adversely impact on their educational development? Please tick one box on each line to indicate approximate percentage.

Approximate percentage of children with each problem

	None	less than 10%	10-25%	26-40%	More than 40%
a) Literacy Problems.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) Numeracy Problems.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) Emotional / Behavioural problems...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

13a. In what year was the school built? Year _____

13b. Approximately how many pupils do you feel the school is designed for? _____ children

14. Schools take different approaches to helping first year students to adapt to second level education. In column (a) below please tick Yes or No to indicate whether or not your school adopts each of the approaches listed. In column (b) please tick one box only to indicate the approach which you think is most important in your school.

	(a) Adopted by the school		(b) Single Most Important Approach
	Yes	No	
a) Induction day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b) Class Tutor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c) Student Mentors	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d) Study skills programme	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e) Other (please specify).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

15. In general, do more pupils apply to come to this school than there are places available?

Yes..... ₁ No..... ₂

16. If Yes, What criteria are used to admit pupils [Please tick all that apply]?

- Proximity to the school ₁
- Other siblings in the school ₂
- Parents attended the school ₃
- Performance on tests ₄
- Date of application ₅
- Religion ₆
- Attended attached or feeder primary school..... ₇
- Other (Please specify below) ₈

17. Approximately, what is the Average Daily Attendance for your school this year (2010 / 2011)?

_____ % Average Daily Attendance OR _____ Average number attending daily

18. What percentage of pupils missed 20 days or more in the 2010 / 2011 academic year (as per the NEWB figures) _____ %

19. Approximately how many of each of the following groups of pupils do you have in your school? If none, please write 'NONE' – do not leave blank. – the same child can be recorded more than once.

	Number
Foreign-national pupils.....	_____
Pupils of families from the Travelling Community.....	_____
Pupils with language difficulties (where native language is other than English / Irish)	_____
Pupils with physical / sensory disabilities.	_____
Pupils with learning / intellectual disabilities	_____

20. Does your school offer the following programmes?

	Yes	No
1. Transition Year (TY)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. Junior Certificate Schools Programme (JCSP).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3. Leaving Certificate Applied (LCA).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4. Leaving Certificate Vocational Programme (LCVP)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5. Post-Leaving Certificate (PLC) courses.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

21. What subjects are taught specifically in Junior Cycle in the school [Please tick all that apply]

SUBJECT		LEVEL	
Irish	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂ Foundation..... <input type="checkbox"/> ₃
English	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂ Foundation..... <input type="checkbox"/> ₃
Mathematics	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂ Foundation..... <input type="checkbox"/> ₃
History	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Geography	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
French	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
German	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Spanish	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Italian	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Art, Craft & Design.....	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Music	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Science	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Science (with Local Studies)	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Home Economics	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Materials Technology (Wood)	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Metalwork	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Technical Graphics	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Business Studies	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Typewriting	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Environmental and Social Studies (ESS)	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Technology	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Latin	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Ancient Greek	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Classical Studies	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Hebrew Studies	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Religious Education	Higher	<input type="checkbox"/> ₁	Ordinary <input type="checkbox"/> ₂
Civic, Social and Political Education (CSPE)	Common	<input type="checkbox"/> ₁	
Physical Education	Common	<input type="checkbox"/> ₁	
Social, Personal and Health Education (SPHE) ...	Common	<input type="checkbox"/> ₁	
Computer Studies	Common	<input type="checkbox"/> ₁	
Other please specify _____		<input type="checkbox"/> ₁	

22. Does your school provide any of the following activities outside the formal class time?

	Yes	No
Homework club/supervised study.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Team sports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Individual sports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Choir	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Learning musical instruments.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Drama.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Dance.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Debating.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

23. If there are more than 1 class in any year-group, on what basis are pupils in the school allocated to their base classes?

Randomly / alphabetically	<input type="checkbox"/> ₁	Performance on tests.....	<input type="checkbox"/> ₃
Only 1 class per year-group.....	<input type="checkbox"/> ₂	Other [please specify _____	<input type="checkbox"/> ₄

24. Does the school hold formal parent-teacher meetings at least once per year? Yes..... ₁ No..... ₂

25. Approximately what percentage of parents attend parent-teacher meetings? _____ per cent

26. Do you use a formal anti-bullying programme in your school (such as the Cool School Programme)?

Yes..... ₁ No ₂

27. Please indicate the extent to which you believe each of the following to be true of teachers in your school.

	True of nearly all	True for more than half	True for less than half	True of only a few
a. Teachers are positive about the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Teachers get a lot of help and support from colleagues.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Teachers are open to new developments and challenges	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Teachers are eager to take part in in-service training	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

28. Below we have list of statements about pupils. Please indicate if you feel each is true of nearly all, more than half, less than half, or only a few pupils in the school.

	Nearly all	More than half	Less than half	Only a few
Pupils, in general:				
a. Enjoy being at school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Are well-behaved in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Show respect for their teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Are rewarding to work with.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Are well behaved in the playground/school yard	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

29. In general terms (a) how *stressed* do you feel by your job and (b) how *satisfied* do you feel with your job?

	Very	Fairly	Not Very	Not At All
a. How stressed do you feel by your job.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. How satisfied do you feel with your job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Thank you very much for having completed this part of *Growing Up in Ireland*

B2 **Principal-on-Child Worksheet**



Growing Up in Ireland – the longitudinal study of children in Ireland

Principal Report on Students

Strictly Confidential

Date: ___ dd ___ mm ___ yyyy

School ID [] [] []

School Name:

Student's ID No.	Student's Gender	School Year	Student's Name	How would you describe the student's base class (Tick one box)					Does the student receive any of the following in school to support his/her learning (Tick all that apply)										Does the student need (N) or receive (R) support in school in any of the following areas (Tick all that apply)																			
				Class which is mixed ability / randomly allocated	Higher stream class in streamed school	Middle stream class in streamed school	Lower stream class in streamed school	Special class	Speech therapy	Psychological assessment	Language support	Special needs assistant	Counselling	Behavioural management programmes	Learning support / resource teaching	Student has a shorter school day than usual	Student takes fewer subjects than others	Student is taking JCSP	Physical disability or visual or hearing impairment	Speech impairment	Learning disability	Emotional or behavioural problem (e.g. ADD, ADHD)	Home environment / problems at home	A limited knowledge of the main language of interaction	Discipline problems	Poor attendance												
1				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<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	<input type="checkbox"/> 10	<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	<input type="checkbox"/> 10
2				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<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	<input type="checkbox"/> 10	<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	<input type="checkbox"/> 10
3				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<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	<input type="checkbox"/> 10	<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	<input type="checkbox"/> 10
4				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<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	<input type="checkbox"/> 10	<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	<input type="checkbox"/> 10

B3 Child/Young Person's Questionnaire (school-based)



Growing Up in Ireland – the national longitudinal study of children
STRICTLY CONFIDENTIAL

Student's School Questionnaire – 13 year

School ID

Pupil No.

Date _____ day _____ mth Int Name _____ Int. No.

EDUCATION

Q1. How do you feel about school? [Tick one]

- I like it very much ₁
- I like it quite a bit ₂
- I like it a bit ₃
- I don't like it very much ₄
- I hate it ₅

Q2a. Please tick the subjects you are studying in school at the moment:

SUBJECT

LEVEL

Irish	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂	Foundation.....	<input type="checkbox"/> ₃
English	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂	Foundation.....	<input type="checkbox"/> ₃
Mathematics	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂	Foundation.....	<input type="checkbox"/> ₃
History	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Geography	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
French	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
German	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Spanish	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Italian	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Art, Craft & Design.....	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Music	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Science	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Science (with Local Studies)	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Home Economics	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Materials Technology (Wood)	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Metalwork	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Technical Graphics	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Business Studies	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Typewriting	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Environmental and Social Studies (ESS)	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Technology	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Latin	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Ancient Greek	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Classical Studies	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Hebrew Studies	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Religious Education	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
Civic, Social and Political Education (CSPE)	Common	<input type="checkbox"/> ₁				
Physical Education	Common	<input type="checkbox"/> ₁				
Social, Personal and Health Education (SPHE) ...	Common	<input type="checkbox"/> ₁				
Computers	Common	<input type="checkbox"/> ₁				
Other please specify _____		<input type="checkbox"/> ₁				

Q2b. What is your favourite subject? _____

Q2c. What is your least favourite subject? _____

Q3. What other activities will you be doing in school during this academic year such as [Please tick all that apply]

- Choir 1
- Drama 2
- Dance 3
- Debating 4
- Learning musical instrument..... 5
- Music 6
- Other (please specify) _____ 7

Q4. How many of your friends from primary school are in this school?

- None..... 1 One 2 Two 3 Three or more 4

Q5. How many of your friends from primary school are in your class?

- None..... 1 One 2 Two 3 Three or more 4

Q6. Over the last 12 months how often have your parent(s): (Please tick one box on each line.)

	Never or hardly ever	A few times a year	About once a month	Several times a month	Several times a week
Checked that you've done your homework?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Discussed with you how you are getting on in school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Discussed with you how you did in tests or exams?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q7. In the last two weeks, how often have the following things happened to you? Please tick ONE box on every line.

	Very often	Often	A few times	Never
You have been told that your work is good by a teacher.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
You have asked questions in class.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
A teacher has praised you for answering a question.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
You have been given out to by a teacher because your work is untidy or not done on time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
You have been asked questions in class by the teacher.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
You have been given out to by a teacher for misbehaving in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q8. Use the six-point scale to indicate how true (like you) or how false (unlike you), each statement is as a description of you. Report how you feel NOW (not how you felt at another time in your life).

	False, not like me at all	Mostly false	More false than true	More true than false	Mostly true	True, it is very much like me
1. Mathematics is one of my best subjects.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2. I am hopeless in English classes.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3. People come to me for help in most school subjects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4. I often need help in Mathematics.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5. I look forward to English classes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6. I am too stupid at school to get into a good university	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
7. I look forward to Mathematics classes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
8. I do badly at tests that need a lot of reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
9. If I work really hard I could be one of the best students in my school year.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
10. I have trouble understanding anything with Mathematics in it.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
11. Work in English classes is easy for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
12. I get bad marks in most school subjects.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
13. I enjoy studying for Mathematics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
14. I am not very good at reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
15. I learn things quickly in most school subjects.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
16. I do badly in tests of Mathematics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
17. English is one of my best subjects.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
18. I am stupid at most school subjects.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
19. I get good marks in Mathematics.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
20. I hate reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
21. I do well in most school subjects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
22. I never want to take another Mathematics course.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
23. I get good marks in English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
24. I have trouble with most school subjects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
25. I have always done well in Mathematics.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
26. I am good at most school subjects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
27. I hate Mathematics.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
28. I learn things quickly in English classes.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
29. Most school subjects are just too hard for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q9. How much time do you spend doing homework each evening?

0 to 30 minutes	<input type="checkbox"/> 1	2 to less than 3 hours	<input type="checkbox"/> 5
31 minutes to less than one hour.....	<input type="checkbox"/> 2	3 to less than 4 hours	<input type="checkbox"/> 6
1 to less than 1.5 hours.....	<input type="checkbox"/> 3	4 hours or more	<input type="checkbox"/> 7
1.5 to less than 2 hours.....	<input type="checkbox"/> 4	Don't do homework.....	<input type="checkbox"/> 8

Q10. For each of these subjects, please say if you find the subject Difficult, Ok or Not Difficult. Please tick ONE box on each line.

	Difficult	OK	Not difficult	Don't take
Maths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Irish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q11. For each of these subjects, please tick one box to indicate if you like it, it is ok or you dislike it.

	Like	OK	Don't like	Don't take
Maths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Irish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q12. In general, how often do the following take place in the classes you have this year?

	Every lesson	Most lessons	Some lessons	Never or hardly ever
We copy notes from the board.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I can work in a group with other students.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher reads from the textbook.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher uses a CD or DVD in class.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We use computer facilities in class.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher explains things really well.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher does most of the talking.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I can express my opinions in class.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We have projects to do outside class time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We get homework.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q13a. Some students get extra help at school in some subjects (such as English or Maths). Have you received any extra help within school since September?

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

Q13b. If Yes, what subjects did you get extra help in? Please tick ALL that apply.

English/reading ... 1 Maths2 Irish3 Other _____

Q14a. Do you receive grinds outside school?

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

Q14b. If Yes, what subjects did you get extra help in? Please tick ALL that apply.

English/reading ... 1 Maths2 Irish3 Other _____

Q15. (a) Over the last year, how often have the following things happened to you? Please tick ONE box on each line.

	Never	Now & Again	Quite Often	All the Time
I was late for school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I got into trouble for not following school rules.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I skipped classes or mitched.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I 'messed' in class.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I had to do extra work as punishment (including lines).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I had to do detention (after school or at lunch-time).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I was suspended from school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q16. How many days were you absent from school in the last 12 months? _____

Q17. What is the highest qualification you expect to get by the time you finish your education?

Junior Cert.....1
 Leaving Cert.....2
 Certificate or Diploma (including plc., apprenticeship) ...3
 Degree or higher degree.....4

Q18. Looking to the future when you have finished your education, what job would you like to have

(a) If you had your choice, what job would you really like to get?

(b) If you couldn't get that job, what job do you think you will get?

(c) What do you see yourself doing in 15 years time when you are 28 years old?

Q19. And where you would like to be and what you would like to be doing when you are 21 years old?

Would you like to

	Yes	No
Live in this area.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Live abroad	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Be married.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Be studying in university or college.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Have a job.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q20. Please tick to indicate whether you are male or female

Male₁ Female₂

Q21. And finally, what is your date of birth? ___ ___ (day) ___ ___ (month) ___ ___ ___ ___ (year)

Thank you very much for having completed this part of *Growing Up In Ireland*

Appendix C: Questionnaires used in Home-based Component

C1 Primary Caregiver Questionnaire

GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

PRIMARY CAREGIVER QUESTIONNAIRE – 13-year

AREA
 HOUSEHOLD

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock)
 Date _____ day _____ mth _____ year

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

Section A – Household Composition

A1a. [INTERVIEWER: I'd like to begin by speaking to <primary caregiver at time 1>. Is <primary caregiver at time 1> 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 1] 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 1> and <child> will be checked and edited where necessary and their residency in the household at time 2 confirmed.*****

No.	First name	Sex		Date of Birth	If DOB not available	Still resident?		Relationship of each member to PCG and child.		(E) Show Card A2F							
		M	F			Y	N	<u>R'SHIP TO:</u> CARD A2E1 Mother	<u>R'SHIP TO:</u> CARD A2E2 Study Child	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other	
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: Primary Caregiver should be on line 1. relevant).

Study Child should be on line 2. Secondary Caregiver on line 3 (if relevant).

[BLAISE CONDITION: IF ANY PERSON RESIDENT AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2: 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 1 - ADD THEM TO THE NEW GRID BELOW]

A3. Has anyone else joined the household since we last spoke and is currently living with you?

Yes 1 No..... 2 Go to A4

No	First Name	Sex		Date of Birth	If DOB not available	Relationship of each member to PCG and child		Since when have they been living with you		Resident Y/N	Show Card A2F						
		M	F			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 1 PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT TIME 2.]

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 1 HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:

A6b. You mentioned that <spouse/partner> [identified at A2 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 [BLAISE INSTRUCTION - END OF THE INTERVIEW]

[INT: ARRANGE TO INTERVIEW RESIDENT SPOUSE/PARTNER AS THE PCG]

A6c. We would also like to interview you as the secondary caregiver of child on this occasion. Is that ok?

Yes _1 Go to A9a

No _2 [BLAISE INSTRUCTION - NO SECONDARY CARER QUESTIONNAIRE]

IF NEW HOUSEHOLD ENTRANT AT TIME 2 IDENTIFIES HIM/HERSELF AS THE PCG OF CHILD THEN ASK A6d

A6d. [Card A6d] Can you please tell me which of the following best describes your relationship to <child>?

[Interviewer use codes only]

Biological mother/ father _1

Grand parent _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

Go to A9a

IF PRIMARY CAREGIVER AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 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

Grand parent _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		Date of Birth	If DOB not available	Was this Person Resident at time 1?		Relationship of each member to mother and child.	(E) Show Card A2F							
		M	F			Y	N		<u>R'SHIP TO:</u> CARD A2E1 Mother	<u>R'SHIP TO:</u> CARD A2E2 Study Child	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties
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 the study child have any brother(s) or sister(s) who live outside the household? Please include full, half or step brothers or sisters?

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

Now I would like to ask you a few questions regarding the Study Child's health.

B. CHILD'S HEALTH

B1. [Card B1] In general, how would you describe <child's> health in the past year?

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

B2. Does <child> have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

B3. 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]

B4. Has this problem, illness or disability been diagnosed by a medical professional?

Yes ₁ No ₂

B5. Since when has <child> had this problem, illness or disability? _____(mth) _____(year)

B6. Is <child> hampered in his/her daily activities by this problem, illness or disability?

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

B7. In the past year has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes ₁ No ₂

B8. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? _____ N

B9. Has the child been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) over the last 12 months?

Yes ₁ No ₂

B10. Most children have accidents at some time. Has the Study Child ever had an accident or injury that required hospital treatment or admission?

Yes No ₂

B11. How many separate accidents has <child> ever had that required hospital treatment or admission? _____ accidents

B12. How many of these accidents involved bone fractures or breaks? _____

B13. About how many nights has the Study Child spent in hospital over his/her lifetime? (Exclude at time of birth) [INTERVIEWER: IF NONE, ENTER '0' – DO NOT LEAVE BLANK] _____ nights

B14. In the last 12 months how many visits has <Study Child> made to the A&E (Accident and Emergency) department of a hospital? [INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] _____ visits

B15. [Card B15] In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the <child's> physical, emotional or mental health? [Int. if 'none' write '0' do not leave blank]

N times Don't know Refused

A general practitioner (GP) ₃ ₄
Another medical doctor e.g. in a hospital ₃ ₄
Other professional, psychologist, psychiatrist, counsellor etc. ₃ ₄
A social worker ₃ ₄

B17. [Card B17] Which of the following best describes how regularly <child> visits the dentist?

- At least once a year 1
- Once every two years 2
- Once every three years 3
- Only when there is a problem 4
- Never/almost never 5

B18. Has <child> ever had:

- | | Yes | No |
|---|----------------------------|----------------------------|
| (a) Any teeth filled? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| (b) Any teeth pulled? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| (c) Any difficulty saying certain words because of his/her teeth or mouth..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| (d) Any difficulty eating certain foods because of his/her teeth or mouth | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

B19. Does <child> usually have breakfast at home before going to school?

- Yes 1 No 2

B20. [Card B20] Which of these best describes <child's> weight?

[INT: ASK THE RESPONDENT TO USE CODES 1, 2, 3 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

B21. [Card B21] How far away is the school from your home (one-way distance)?

- Less than ½mile (1km)..... 1
- ½ to 1 mile (1-2km)..... 2
- 1-5 miles (2-8km)..... 3
- More than 5 miles away (8km)..... 4
- Attends boarding school 5

B22. [Card B22] How does <child> usually (a) go to school and (b) come home from school?

[Int tick one box in Col A and B]

- | | A. Going | B. Coming home |
|----------------------------------|----------------------------|----------------------------|
| 1. He/she walks..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 2. By public transport | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 3. School bus/coach..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 4. By car | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 5. Rides a bicycle..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 6. Other (please describe) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

C. RESPONDENT'S HEALTH

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

C1. [Card C1] In general, how would you say your current health is?

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

C2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes _1 No _2

C3. 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.]

C4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

C5. Are you hampered in your daily activities by this problem, illness or disability?

Yes, severely _1 Yes, to some extent _2 No _3

C6. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after the Study Child?

In the past _1 Currently _2 No _3

C7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects the Study Child ?

Yes _1 No _2

C8. [Card C8] What is the relationship of that person or persons to <child>? [Tick all that apply]

Parent _1 Brother / Sister _2 Other relative _3 Non relative _4

C9. Thinking about your free-time, in general would you say you are...

Very physically active _1
Fairly physically active _2
Not very physically active _3
Not at all physically active _4

C10. [Card C10] Do you think that you are:

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

C11. 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

C12. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

Yes, full card _1 Yes, doctor only card _2 Not covered _3

C13. Is Study Child covered by private medical insurance?

Yes _1 No _2

C14. Does that insurance include the cost of GP visits?

Yes, in full _1 Yes, partially _2 No _3

D. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the Study Child's emotional health and well-being.

D1. [Card D1] Looking at Card D1, has the Young Person experienced any of the following since we last interviewed you when he/ she was nine:

[INT: ASK THE RESPONDENT TO USE CODES 1, 2, 3 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- A. Death of a parent..... 1
- B. Death of a close family member (other than a parent)..... 2
- C. Death of close friend 3
- D. Divorce/separation of parents 4
- E. Moving house within Ireland 5
- F. Moving country 6
- G. Stay in foster home/ residential care..... 7
- H. Serious illness/injury..... 8
- I. Serious illness/injury of a family member 9
- J. Drug taking/alcoholism in the immediate family..... 10
- K. Mental disorder in immediate family 11
- L. Your house being broken into 12
- M. Conflict between parents 13
- N. Parent in prison 14
- O. Other disturbing event (please specify) 15
- P. None of the above 16

D2. [Card D2] Listed on Card D2, 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 |

D3. [Card D3] Listed on card D3 are a number of personality traits that may or may not apply to your child. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to him/her, even if one characteristic applies more strongly than the other.

I see my child as:

	Disagree strongly	Disagree moderately	Disagree a little	Neither agree or disagree	Agree a little	Agree moderately	Agree strongly
Extraverted, enthusiastic.....	<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
Critical, quarrelsome	<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
Dependable, self-disciplined	<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
Anxious, easily upset	<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
Open to new experiences, complex.....	<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
Reserved, quiet.....	<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
Sympathetic, warm	<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
Disorganized, careless.....	<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
Calm, emotionally stable.....	<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
Conventional, uncreative	<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

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

[Now I'd like to ask you some questions about the Study Child's education](#)

E. CHILD'S EDUCATION – PAST AND CURRENT

E1. What class is your child in now?

6th Class 1 Go to E4
 First Year..... 2 Go to E3
 Second Year 3 Go to E2
 Child is being home schooled..... 4 Go to
 Child attends a special school 5 Go to
 Child no longer attends school 6

E2. [Card E2] Here are some views about how your child settled into their new school. There are no right or wrong answers. For each statement please tick (✓) ONE BOX ONLY to show whether you agree or disagree with these views.

	Strongly Agree	Mostly agree	Mostly disagree	Strongly Disagree
My child settled well into secondary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child missed old friends from primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child was anxious about making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child coped well with the school work.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child made new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child is involved in extra-curricular activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child gets too much homework at this school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E3. [Card E3] Here are some views about how your child is settling into their new school. There are no right or wrong answers. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

	Strongly Agree	Mostly agree	Mostly disagree	Strongly Disagree
My child is settling in well into secondary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child misses old friends from primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child is anxious about making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child is coping well with the school work.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child has made new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child is involved in extra-curricular activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child gets too much homework at this school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E4. [Card E4] If your child is still in sixth class for each statement please tick (✓) ONE BOX ONLY to show whether you agree or disagree with these views.

	Strongly Agree	Mostly agree	Mostly disagree	Strongly disagree
My child is excited about starting secondary school.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child is looking forward to making new friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child has attended an Open Day at their new school.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child is nervous about moving to a new school.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E5. Over the last 12 months, have you had any contact with the school? [Please tick 'Yes' or 'No' to each.]

	Yes	No
A. You have attended a parent-teacher meeting	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. You have attended a school concert, play or other event (such as sports day)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. You have been to see the principal or another teacher about child's behaviour or school performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. You have spoken to the principal or another teacher on the phone about child's behaviour or school performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2

E6a. [Card E6a] Looking at Card E6a, during the last 12 months, about how many days was Young Person absent from school for any reason?

0 days.....	<input type="checkbox"/> 1	go to E7	11 to 20 days.....	<input type="checkbox"/> 5
1 - 3 days	<input type="checkbox"/> 2		More than 20 days	<input type="checkbox"/> 6
4 to 6 days.....	<input type="checkbox"/> 3		Not in school last year.....	<input type="checkbox"/> 7
7 to 10 days	<input type="checkbox"/> 4			

E6b. [Card E6b] Looking at Card E6b, what was the main reason for Young Person being absent from school?

Health reasons (illness or injuries).....	<input type="checkbox"/> 1	A problem with a teacher	<input type="checkbox"/> 8
Problems with transportation	<input type="checkbox"/> 2	A problem with children at school.....	<input type="checkbox"/> 9
Problems with the weather.....	<input type="checkbox"/> 3	Difficulties with childcare arrangements	<input type="checkbox"/> 10
A family vacation.....	<input type="checkbox"/> 4	Family crisis	<input type="checkbox"/> 11
Refused to go to school.....	<input type="checkbox"/> 5	Child has left school.....	<input type="checkbox"/> 12
A fear of school (school phobia)	<input type="checkbox"/> 6	Other (specify)	<input type="checkbox"/> 13
Suspended from school	<input type="checkbox"/> 7		

E7 [Card E7] Looking at Card E7, how much time does the young person usually spend doing homework on a weekday?

0 to 30 minutes	<input type="checkbox"/> 1	2 to less than 3 hours.....	<input type="checkbox"/> 5
31 minutes to less than one hour.....	<input type="checkbox"/> 3	3 to less than 4 hours.....	<input type="checkbox"/> 6
1 to less than 1.5 hours.....	<input type="checkbox"/> 4	4 hours or more.....	<input type="checkbox"/> 7
1.5 to less than 2 hours.....	<input type="checkbox"/> 4		

E8a. How often do you or your spouse/partner provide help with the Young Person's homework? Would you say...[INT: READ OUT]

Always/ Nearly Always	Regularly	Now and Again	Rarely	Never	Never gets homework
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

E8b. Why is that?

Child doesn't need help	I don't have time	I am not able to help	Child doesn't want help	Someone else helps
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E9. [Card E9] Looking at Card E9, based on your knowledge of the Young Person's schoolwork, including school reports, how well in general, do you think he/she is doing overall relative to other children of his/her age? Do you think he/she is:

- | | | | |
|---------------------|----------------------------|---------------------|----------------------------|
| Poor..... | <input type="checkbox"/> 1 | Above average | <input type="checkbox"/> 4 |
| Below average | <input type="checkbox"/> 2 | Excellent..... | <input type="checkbox"/> 5 |
| Average..... | <input type="checkbox"/> 3 | Don't know..... | <input type="checkbox"/> 6 |

E10. [Card E10] Looking at Card E10, and now turning to Mathematics, how well in general, do you think he/she is doing in mathematics relative to other children of his/her age? Do you think he/she is:

- | | | | |
|---------------------|----------------------------|---------------------|----------------------------|
| Poor..... | <input type="checkbox"/> 1 | Above average | <input type="checkbox"/> 4 |
| Below average | <input type="checkbox"/> 2 | Excellent..... | <input type="checkbox"/> 5 |
| Average..... | <input type="checkbox"/> 3 | Don't know..... | <input type="checkbox"/> 6 |

E11. [Card E11] Looking at Card E11, and now turning to English, how well, in general, do you think he/she is doing in English relative to other children of his/her age?

- | | | | |
|---------------------|----------------------------|---------------------|----------------------------|
| Poor..... | <input type="checkbox"/> 1 | Above average | <input type="checkbox"/> 4 |
| Below average | <input type="checkbox"/> 2 | Excellent..... | <input type="checkbox"/> 5 |
| Average..... | <input type="checkbox"/> 3 | Don't know..... | <input type="checkbox"/> 6 |

E12. [Card E12] Looking at Card E12, and now turning to Irish, how well in general, do you think he/she is doing in Irish relative to other children of his/her age? Do you think he/she is:

- | | | | |
|---------------------|----------------------------|-------------------------|----------------------------|
| Poor..... | <input type="checkbox"/> 1 | Above average | <input type="checkbox"/> 4 |
| Below average | <input type="checkbox"/> 2 | Excellent..... | <input type="checkbox"/> 5 |
| Average..... | <input type="checkbox"/> 3 | Doesn't take Irish..... | <input type="checkbox"/> 6 |
| | | Don't know..... | <input type="checkbox"/> 7 |

E13. About how many close friends does the Young Person have?

- None..... 1 12 2 or 33 4 or 5 4 6 or more5

E14. [Card E14] Looking at Card E14, taking everything into account, how far do you expect the Young Person will go in his/her education or training?

- | | |
|---|----------------------------|
| Junior Certificate or equivalent | <input type="checkbox"/> 1 |
| Leaving Certificate or equivalent | <input type="checkbox"/> 2 |
| An apprenticeship or trade..... | <input type="checkbox"/> 3 |
| Diploma/Certificate..... | <input type="checkbox"/> 4 |
| Degree | <input type="checkbox"/> 5 |
| Postgraduate/higher degree | <input type="checkbox"/> 6 |
| Don't know | <input type="checkbox"/> 7 |

E15. To your knowledge, has the Young Person been a victim of bullying in the last 3 months?

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

E16. [Card E16] Looking at Card E16, what form did the bullying take? [Int. tick all that apply]

- | | | | |
|---|----------------------------|------------------------------------|----------------------------|
| A. Physical bullying | <input type="checkbox"/> 1 | F. Sexual comments | <input type="checkbox"/> 6 |
| B. Verbal bullying | <input type="checkbox"/> 2 | G. Exclusion)..... | <input type="checkbox"/> 7 |
| C. Electronic (phone messaging, emails, Bebo, Facebook, etc)..... | <input type="checkbox"/> 3 | H. Gossip, spreading rumours | <input type="checkbox"/> 8 |
| D. Graffiti/pinning up notes/passing notes in class..... | <input type="checkbox"/> 4 | I. Other (specify) _____ | <input type="checkbox"/> 9 |
| E. Taking personal possessions (lunch, Money, phone etc.) | <input type="checkbox"/> 5 | | |

E17. [Card E17] Looking at Card E17, what were the reasons for the bullying? (Tick all that apply)

- | | | | |
|---|----------------------------|--|-----------------------------|
| A. Ethnicity/Race/Nationality..... | <input type="checkbox"/> 1 | G. Physical appearance (clothes, glasses, weight etc)..... | <input type="checkbox"/> 7 |
| B. Physical/Learning disability..... | <input type="checkbox"/> 2 | H. Gender role | <input type="checkbox"/> 8 |
| C. Religion..... | <input type="checkbox"/> 3 | I. Teacher's pet | <input type="checkbox"/> 9 |
| D. School performance | <input type="checkbox"/> 4 | J. Family type (e.g., parents divorced, one parent family etc.)..... | <input type="checkbox"/> 10 |
| E. Seen not to conform to gender roles..... | <input type="checkbox"/> 5 | K. Social Class..... | <input type="checkbox"/> 11 |
| F. Child is a member of the Travelling Community..... | <input type="checkbox"/> 6 | L. Other (specify) | <input type="checkbox"/> 12 |

E18. Do you think the Young Person has a Specific Learning Difficulty, Communication or Co-ordination Disorder

Yes..... ₁ No..... ₂

E19. [Card E19] Looking at Card E19, what is the nature of the difficulty or disorder? [Int. tick all that apply]

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| A. Dyslexia (incl. Dysgraphia, dyscalculia)..... | <input type="checkbox"/> ₁ | E. Speech & Language Difficulty..... | <input type="checkbox"/> ₅ |
| B. ADHD (Attention Deficit Hyperactivity Disorder)/ ADD..... | <input type="checkbox"/> ₂ | F. Dyspraxia..... | <input type="checkbox"/> ₆ |
| C. Autism..... | <input type="checkbox"/> ₃ | G. Slow progress (reasons unclear)..... | <input type="checkbox"/> ₇ |
| D. Aspergers Syndrome..... | <input type="checkbox"/> ₄ | H. Other (specify)..... | <input type="checkbox"/> ₈ |

Asked of all difficulties/disorders

E20. Was it diagnosed by a professional?

Yes ₁ No ₂ Awaiting consultation ₃

E21. How long ago was it diagnosed?

Last 6 months ₁ 1-2 years..... ₃
 6-12 months ₂ Longer than 2 years ₄

E22. How adequate are the supports they receive for that difficulty or disorder?

Don't receive any supports ₁ Adequate..... ₃
 Barely adequate..... ₂ Excellent..... ₄

E23. How many books does the young person have access to in the home? Would you say...[INT: READ OUT]

None..... ₁ 30 to 50 ₄
 Less than 10 ₂ 50 to 100 ₅
 11 to 30 ₃ More than 100 ₆

E24. [Show Card E24] Looking at Card E24, what is the MAIN type of out-of-school care, if any, that you CURRENTLY use during term time for the Study Child. In other words, who is he/she with on a regular basis, outside of holiday periods and weekends [Int: Tick 1 box only]

- | | | | |
|---|---------------------------------------|--|--|
| Child minded at home by me or resident partner..... | <input type="checkbox"/> ₁ | Paid childminder in his/her own home..... | <input type="checkbox"/> ₉ |
| Looking after him/herself or cared for by a sibling..... | <input type="checkbox"/> ₂ | Au Pair / Nanny..... | <input type="checkbox"/> ₁₀ |
| Child minded by non-resident partner..... | <input type="checkbox"/> ₃ | Paid after-school care in group setting..... | <input type="checkbox"/> ₁₁ |
| Unpaid relative (or family friend) in your own home..... | <input type="checkbox"/> ₄ | Homework club..... | <input type="checkbox"/> ₁₂ |
| Unpaid relative (or family friend) in his/her own home..... | <input type="checkbox"/> ₅ | After-school activity-based facility..... | <input type="checkbox"/> ₁₃ |
| Paid relative (or family friend) in your own home..... | <input type="checkbox"/> ₆ | Special needs facility..... | <input type="checkbox"/> ₁₄ |
| Paid relative (or family friend) in his/her own home..... | <input type="checkbox"/> ₇ | Activity Camps (sport recreation arts/crafts etc) .. | <input type="checkbox"/> ₁₅ |
| Paid childminder in your own home..... | <input type="checkbox"/> ₈ | Other (specify)..... | <input type="checkbox"/> ₁₆ |

E25. Approximately how many hours per week does the Study Child spend in this main form of out of school care

_____ hours per week₁

E26. Approximately how many days per week does the Study Child spend in this main form of out of school care

_____ days per week₁

E27. [Int. Ask if NOT codes 1-5 at E24]: Approximately how much does out of school care for the Study Child typically cost you per week/fortnight/month etc.? [Int. Record only in respect of <Study Child> and make sure to record the period to which amount refers].

€ _____ per Week..... ₁ Fortnight..... ₂ Month..... ₄

F: FAMILY CONTEXT

Now some questions about your relationship with <Young Person>.

F1. [Show Card F1] Looking at Card F1, I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	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 himself/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

Monitoring subscale

F2. [Show Card F2] The following are some questions on your knowledge of what the Young Person does in his/her free time, where he/she goes, and who he/she has as friends.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always
A. Do you know what Young Person does with his/her free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Do you know who he/she has as friends during he/she free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Do you usually know what type of homework he/she has.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Do you know what he/she spends he/she money on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Do you know when he/she has a test or homework due at school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. Do you know how he/she does in different subjects at school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. Do you know where he/she goes when out at night with friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Do you know where he/she goes and what he/she does after school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. How often in the last month have you had no idea where he/she was.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Disclosure subscale

F3. [Show Card F3] The following are some questions about how much Young Person actually tells you about what he/she is doing, without being asked.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always
A. Does he/she spontaneously tell you about his/her friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Does he/she want to tell you about school (how subjects are going; relationships with teachers etc).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Does he/she hide a lot from you about what he/she is doing during nights and weekends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Does he/she like to tell you what he/she has been doing and where they went when out for the evening.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

F4. [Show Card F4] Looking at Card F4, now I'd like to ask you about the time the Study Child spends with you including times when others are present. How many days per week do you:

	Every day / 7 days per week	3 to 6 days per week	1 to 2 days per week	1 to 2 times per month	Rarely or never
A. Sit down to eat together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Play sports, cards or games together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Talk about things together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Do household activities together (e.g. gardening, cooking, cleaning, etc).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Go on an outing together (e.g. going to the cinema, theatre, walking, shopping).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

F5. [Show Card F5] Looking at Card F5, how often does the Study Child get together with, see or spend time with the following people (excluding those living in your home)

	Quite a lot	Now and again	Rarely	Doesn't have
A. Grandparents.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Uncles/Aunts.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Cousins.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D. Other family members/ close family friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

F6. [Show Card F6] Please tell me how strongly you agree or disagree with the following.

	Strongly Disagree	Disagree	Neither Agree nor disagree	Agree	Strongly Agree	NA
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 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

F7. How fairly or unfairly would you say the household tasks are distributed between you and your partner? Would you say...[INT: READ OUT]

Very unfairly 1 Quite unfairly 2 Fairly 3 Don't have partner. 4

F8. [Show Card F8] I would now like to ask some questions about the Study Child's behaviour over the last 12 months. Please tell me the extent to which the following statements apply:

Not at all Just once 2-5 times 6 or more times

- A. Often started fights or bullies, threatens or intimidates others ₁ ₂ ₃ ₄
- B. Has used a weapon that could cause serious physical harm to others (eg, a bat, brick, broken bottle, knife) ₁ ₂ ₃ ₄
- C. Has been physically cruel to other people ₁ ₂ ₃ ₄
- D. Has been physically cruel to animals ₁ ₂ ₃ ₄
- E. Deliberately destroyed or damaged property ₁ ₂ ₃ ₄
- F. Has broken into someone else's house, building or car ₁ ₂ ₃ ₄
- G. Has lied to obtain goods or favours (i.e., 'cons' others) ₁ ₂ ₃ ₄
- H. Has stolen items of value without confronting a victim (e.g., shoplifting, but without breaking and entering) ₁ ₂ ₃ ₄
- I. Has stayed out at night despite parental prohibitions ₁ ₂ ₃ ₄
- J. Has run away from home overnight at least twice while living in parental home (or once for a lengthy period) ₁ ₂ ₃ ₄
- K. Has truanted from school ₁ ₂ ₃ ₄

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

G: SOCIO-DEMOGRAPHICS

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

Now some questions about the circumstances of your household.

[Ask G1 and G2 only if respondent has moved house from TIME 1]

G1. I would now like to ask you some questions about your accommodation: Is this accommodation a:

- House ₁
- Apartment / Flat/ Bedsit ₂
- Other (specify) _____ ₃

G2. Does your accommodation have access to a garden or common space (either private or shared)?

- Yes ₁
- No ₂

G3. [Card G3] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?

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

G4a. Do you feel that your current accommodation (excluding location) is suitable for your family's needs?

- Yes ₁
- No ₂

G4b. [Card G4b] Why is that? [Int: tick all that apply]

- Too small ₁
- Not a child-friendly layout ₂
- Too many steps ₃
- Poor conditions in the home (damp, drafts, leaks etc) ₄
- Problems with rats, mice, cockroaches etc ₅
- Too noisy ₆
- Problems with neighbours ₇
- Other (specify) _____ ₈

J5. [Card J5] 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, Fáiite 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 |

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT TIME 1 BUT IS WORKING AT TIME 2 ASK G6a]

G6a. When did you return to work? _____ mth _____ year

G7. 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

G8. 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]

G9. [Card G9] 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

G10. Do you supervise or manage any personnel in your job?

Yes 1 No 2

G11. How many? _____

G12. How many employees (if any) do you have? _____ employees N A 99

G13. [Ask only if Farmer at G5.] How many acres do you farm? _____ acres

Go to G23

G14. Apart from holiday or casual work, have you ever had a full-time job? Yes .. 1 No .. 2 Go to G19

G15. In what year did you last work in that full-time job? _____ year

G16. 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

G17. [Card G17] 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

G18. [Ask only if Farmer at G16] How many acres do you farm? _____ acres

G19. Do you currently have a part time job outside the home? Yes ₁ No..... ₂ Go to G22

G20. On average, how many hours per week do you work in that part-time job? _____ hours

G21. [Card G21] What is your occupation in that job?

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

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

Do not use general terms such as:
 MANAGER
 TEACHER
 ENGINEER

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

Write in your main OCCUPATION

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

Go to G23

G22. [Card G22] 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 (specify) _____

Go to G23

G23. [Card G23] 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, how many acres do you farm? _____ acres

HOUSEHOLD INCOME

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

G23x. [Card G23x] Looking at Card G23x, 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]

G23xx. [Card G23x] 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

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

G24. [Card G24] If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax and PRSI only? Include income from all sources and from all household members. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO G25. IF EXACT FIGURE GIVEN GO TO G27]

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

G25. [Card G25] I know that it is difficult to give an exact figure for household income but on Card G25 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI only? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI. [Int: Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

<i>Per Week</i>	<i>Per Month</i>	<i>Per Year</i>	<i>Category</i>
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> ₁ → Section A, Card G25
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000 ...	B <input type="checkbox"/> ₂ → Section B, Card G25
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000 ...	C <input type="checkbox"/> ₃ → Section C, Card G25
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000 ...	D <input type="checkbox"/> ₄ → Section D, Card G25
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000 ...	E <input type="checkbox"/> ₅ → Section E, Card G25
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000 ...	F <input type="checkbox"/> ₆ → Section F, Card G25
€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 G25
€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 G25
€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 G25
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> ₁₀ → Section J, Card G25
Refused..... <input type="checkbox"/> ₇₇	GO TO G27	Don't Know..... <input type="checkbox"/> ₈₈	GO TO G27

G26. [Card G26] Would that be [Int: Show Card G26 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

G27x. Does anyone in your household currently receive any other Social Welfare payments?

Yes ₁ No ₂

G27. [Card G27] Now I'd like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card G27, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]

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

G28. Does anyone in your household currently receive rent or mortgage supplement? Yes... ₁ No... ₂

G29. How much does the household receive PER WEEK in rent or mortgage supplement? €-----

G30x. [Card G30x] Looking at Card G30x and thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?

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

G30. [Card G30] 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

G31. [Card G31] A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

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

G32. 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

G33a. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes 1 No 2

G33b. [Card G33b] Why was that?

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

G34a. Does your family have a car?

Yes 1 No 2

G34b. Would your family like to have a car but you cannot afford it?

Yes 1 No 2

G35. Since our last interview when <child> was 9 years old we have had major changes in the economy with the recession, cutbacks and unemployment. Would you say that the recession has had:

A very significant effect on your family
A significant effect on your family
A small effect on your family
No effect at all on your family

1 2 3 4

G36. [Card G36] How has it affected your family? [Int: tick all that apply]

- | | |
|--|-----------------------------|
| 1. You were made redundant / lost your job | <input type="checkbox"/> 1 |
| 2. Your spouse/partner were made redundant / lost their job | <input type="checkbox"/> 2 |
| 3. Your or your spouse/partner's working hours were reduced | <input type="checkbox"/> 3 |
| 4. Your or your spouse/partner's wages were reduced | <input type="checkbox"/> 4 |
| 5. Your or your spouse/partner's social welfare benefits were reduced | <input type="checkbox"/> 5 |
| 6. Your family can't afford luxuries (holidays, meals out etc)..... | <input type="checkbox"/> 6 |
| 7. Your family can't afford / had to cut back on basics (food, clothes)..... | <input type="checkbox"/> 7 |
| 8. You are behind with rent / mortgage payments | <input type="checkbox"/> 8 |
| 9. You are behind with utility bills (e.g. electricity, gas bills etc) | <input type="checkbox"/> 9 |
| 10. Other | <input type="checkbox"/> 10 |

Section H – About You

Now some more questions about yourself

H1. [Card H1] 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).
6. Both Upper Secondary and Technical or Vocational qualification ₆

Third Level

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

H2. At what age did you leave full-time education for the first time? _____ years

[INTERVIEWER: Code as '0' if respondent never undertook full-time education]

H3b. What is <child's> first language?

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

[BLAISE CONDITION: ASK H4 – H6 IF NEW RESPONDENT AT TIME 2, NON-RESPONDENT AT TIME 1 OR OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 1]

H4. 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

H5. Can I just check, can you read aloud to a child from a children's story book written in English?

Yes ₁ No..... ₂

H6. Can you usually read and fill out forms you might have to deal with in English?

Yes ₁ No..... ₂

[BLAISE CONDITION: ASK H7 IF NEW RESPONDENT AT TIME 2, NON-RESPONDENT AT TIME 1 OR OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT TIME 1]

H7. 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

[BLAISE CONDITION: ONLY ASK QUESTION H8 -H9 IF NEW RESPONDENT AT TIME 2 OR NON-RESPONDENT AT WAVE 1]

H8. Do you belong to any religion?

Yes ₁ No..... ₂

H9. [Card H9] 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

[ONLY ASK H10 – H15 IF NEW RESPONDENT AT TIME 2 OR NON-RESPONDENT AT WAVE 1]

H10. Are you a citizen of Ireland? Yes..... 1 No 2

H11. What citizenship do you hold? _____

H12. Were you born in Ireland? Yes..... 1 No 2

H13. In which country were you born? _____

H14. 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

H15. [Card H15] Looking at card H15, 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

J. Neighbourhood / Community

Time Section Started (24 hour clock)

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

J1. How long have you lived in your local area? _____ years OR _____ months

J2. [Card J2] To what extent do you agree or disagree with these statements?

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

J3. Do you intend to continue living in Ireland?

Yes 1 No..... 2

We are hoping to include an extra study as part of the 13 year old follow-up of the **Growing Up in Ireland** Study and would like to get your views on this extra study.

This would be a genetic study which aims to understand how children’s health is influenced by their genes and their parent’s genes, and how genes interact with the environment in which children are growing up. This part of the study would be entirely optional and it would be possible to take part in the main **Growing Up in Ireland** Study without taking part in the genetic study.

For the genetic study we would like to collect a sample of your child’s saliva and a sample of saliva from one or both parents also. This would be collected in a small container and sent to a laboratory in St James Hospital in Dublin for storage and analysis.

The genetic sample would be anonymous. The genetic information could be linked to the information collected as part of the main **Growing Up in Ireland** study using ID numbers only, under strict control by a Research Ethics Committee and under the control of the Statistics Act. The genetic information would not be stored with your name, address or other contact information.

Please note that we are NOT asking you for a sample of your child’s saliva or your own saliva. We would like to know if you, as a parent/guardian of <child> would, in principle, be willing to provide a sample of your saliva and to provide consent for your child to give a sample or his/her saliva to be used in genetic research.

J4a. [Card J4] So, looking at the responses on this card would you be willing to (Int: Tick all that apply): ,

- To give consent for my child to provide a genetic sample 1
- To give consent for myself to provide a genetic sample..... 2
- I would be willing to consider taking part if more information was available 3
- I am not willing to take part in this additional study but will take part in the main study.... 4

J4b.Regardless of whether or not you would be willing to provide a saliva sample, do you think that if you were asked to do so it would in any way affect your willingness to participate in the main *Growing up in Ireland* study. So, if you were asked to provide a saliva sample do you think it would:

- Make you less likely to participate in Growing Up in Ireland 1
- Have no effect on your participation in Growing Up in Ireland 2
- Make you more likely to participate in Growing Up in Ireland..... 3

Interviewer: Please record any comments or observations (the respondent’s or yours) on the collection of a saliva sample.

J5.[Card J5] As you know, we collect a great deal of information on your child as s/he develops and moves into the teenage years. We would like to know how you would feel about us asking a number of questions on some sensitive issues. We do NOT propose asking him/her any of these questions in his/her interview. We would just like to know if, in principle, you would allow us to ask him/her some questions on these topics:

	Allow	Not Allow
(a) Whether or not he/she has a boyfriend/girlfriend.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(b) whether or not he/she had ever been attracted to or had romantic feelings towards boys:	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(c) whether or not he/she had ever been attracted to or had romantic feelings towards girls:	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(d) his/her opinions and attitudes towards sexual behaviour. (only their opinions towards sexual behaviour –not anything about their sexual activities).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(e) whether or not he/she has had any thoughts of self-harm	<input type="checkbox"/> 1	<input type="checkbox"/> 2

J6. I understand, but could I just ask you why you wouldn't like this to be included in the questionnaire?

J7. Would the inclusion of any of these items (even if you didn't allow your child to answer them) mean that you wouldn't participate in the study at all or would you be willing to continue to participate in other questionnaires?

Wouldn't participate at all in the study ₁
Continue to participate in other questionnaires ₂

C2 Secondary Caregiver Questionnaire



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
SECONDARY CAREGIVER QUESTIONNAIRE – 13YR

AREA

HOUSEHOLD

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date _____ day _____ mth _____ year

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

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

Section A - Introduction

[A1 – BLAISE INSTRUCTION – ASK A1 IF NEW PARTER AT TIME 2 OR SECONDARY CAREGIVER WAS NON RESPONDENT AT TIME 1]

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

Section B - Parental Health

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

B1. [CARD B1] In general, how would you say your current health is?

- Excellent..... 1
Very good..... 2
Good

- Fair..... 4
Poor..... 5

B2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

B3. 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.]

B4. Since when have you had this problem, illness or disability? _____ (year) _____ (month)

B5. Are you hampered in your daily activities by this problem, illness or disability?

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

B6. Thinking about your free-time, in general would you say you are...

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

C: FAMILY CONTEXT

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

C1. [Card C1] I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	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 himself/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

Monitoring subscale

C2. [Card C2] The following are some questions on your knowledge of what the Young Person does in their free time, where he/she goes, and who he/she has as friends.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always
A. Do you know what Young Person does with his/her free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Do you know who he/she has as friends during he/she free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Do you usually know what type of homework he/she has.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Do you know what he/she spends he/she money on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Do you know when he/she has a test or homework due at school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. Do you know how he/she does in different subjects at school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. Do you know where he/she goes when out at night with friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Do you know where he/she goes and what he/she does after school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. How often in the last month have you had no idea where he/she was.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Disclosure subscale

C3. [CARD C3] The following are some questions about how much Young Person actually tells you about what he/she is doing, without being asked.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always
A. Does he/she spontaneously tell you about his/her friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Does he/she want to tell you about school (how subjects are going; relationships with teachers etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Does he/she hide a lot from you about what he/she is doing during nights and weekends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Does he/she like to tell you what he/she has been doing and where they went when out for the evening.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C4. [CARD C4] Please tell me how strongly you agree or disagree with the following.

	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 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

**C5. How fairly or unfairly would you say the household tasks are distributed between you and your partner?
Would you say...[INT: READ OUT]**

Very unfairly 1 Quite unfairly 2 Fairly 3 Don't have partner. 4

C6. [Show Card C6] I'd like to ask you about the time the Study Child spends with you including times when others are present. How many days per week do you:

	Every day / 7 days per week	3 to 6 days per week	1 to 2 days per week	1 to 2 times per month	Rarely or never
A. Sit down to eat together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. Play sports, cards or games together.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. Talk about things together.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. Do household activities together (e.g. gardening, cooking, cleaning, etc).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. Go on an outing together (e.g. going to the cinema, theatre, walking, shopping)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

C6.In general, would you describe yourself as a religious or spiritual person?

Not at all.....₁ A little ₂ Quite.....₃ Very much so ₄ Extremely.....₅

C7a. Thinking of an average school day, what amount of time in total would you say you spend with the Study Child either alone or with others (this could be watching TV, going shopping etc)

_____ hours _____ minutes

C7b. And thinking of an average weekend, what amount of time in total would you say you spend with the Study Child either alone or with others (this could be watching TV, going shopping etc)

_____ hours _____ minutes

Time Section Ended (24 hour clock)

D: SOCIO-DEMOGRAPHICS

Time Section Started (24 hour clock)

Now some questions about the circumstances of your household.

D1. [Card D1] Looking at Card D1, 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 (specify) | <input type="checkbox"/> ₁₀ |

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT WAVE 1 BUT IS WORKING AT WAVE 2 OR RESPONDENT ON MATERNITY LEAVE AT WAVE 1 BUT IS WORKING AT WAVE 2 ASK D2a:]

D2a. When did you return to work? _____ mth _____ year

D3. 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

D4. On a typical work day, how much time in total do you spend commuting to and from work (outward and return journey combined)?

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

D5. [Card D5] 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

D6. Do you supervise or manage any personnel in your job?

Yes

 ₁

No

 ₂

D7. How many? _____

D8. How many employees (if any) do you have? _____ employees N A ₉₉

D9. [Ask only if Farmer at D1.] What is the acreage of the farm? _____ acres

D10. Apart from holiday or casual work, have you ever had a full-time job? Yes ... ₁ No... ₂ **Go to D15**

D11. In what year did you last work in that full-time job? _____ year

D12. 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

D13. [Card D13] What was your occupation in that job? (What did you mainly do in your job?) Please describe as fully as possible

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

D14. [Ask only if Farmer at D12] What was the acreage of the farm? _____ acres

D15. Do you currently have a part time job outside the home? Yes ₁ No ₂ **Go to D18**

D16. On average, how many hours per week do you work in that part-time job? _____ hours

D17. [Card D17] What is your occupation in that job?

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

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

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

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

Write in your main OCCUPATION

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

D18. [Card D18] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

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

E: ABOUT YOU

Now some more questions about yourself

E1. [Card E1] 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).
6. Both Upper Secondary and Technical or Vocational qualification ₆

Third Level

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

E2. At what age did you leave full-time education for the first time? _____ years

[INTERVIEWER: Code as '0' if respondent never undertook full-time education]

[BLAISE CONDITION: ASK E3-E5 ONLY OF NEW RESPONDENTS OR THOSE WHO INDICATED LITERACY WAS A PROBLEM AT WAVE 1]

E3. 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

E4. Can I just check, can you read aloud to a child from a children's story book written in English?

- Yes ₁ No..... ₂

E5. Can you usually read and fill out forms you might have to deal with in English?

- Yes ₁ No..... ₂

[BLAISE CONDITION: ASK E6 ONLY OF NEW RESPONDENTS OR THOSE WHO INDICATED LITERACY WAS A PROBLEM AT WAVE 1]

E6. 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

E7. Do you belong to any religion?

Yes _1

No..... _2

[BLAISE CONDITION: ONLY ASK QUESTION E8 IF NEW RESPONDENT AT THIS WAVE]

E8. [Card E8] Which religion?

- Christian – no denomination _1
- Roman Catholic _2
- Anglican/Church of Ireland/Episcopalian _3
- Other Protestant..... _4
- Jewish _5
- Muslim _6
- Other (please specify)..... _7

[BLAISE CONDITION ASK E11 – E16 IF NEW RESPONDENT AT TIME 2]

E9. Are you a citizen of Ireland?

Yes..... _1

No _2

E10. What citizenship do you hold? _____

E11. Were you born in Ireland?

Yes..... _1

No _2

E12. In which country were you born? _____

E13. How long ago did you first come to live in Ireland?

Within the last
year
_1

1-5 years ago
_2

6-10 years
ago
_3

11-20 years ago
_4

More than 20
years ago
_5

Don't
Know
_88

E14. [Card E14] 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

C3 Primary and Secondary Caregiver Sensitive Questionnaires



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

Primary Caregiver – SUPPLEMENTARY SECTION, 13-Year

AREA HHOLD

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date _____
day mth year

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

X1. Are you male or female?

Male.....₁ Female₂

X2. What is your date of birth? ____/____/____
DD / MM / YYYY

[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK AS1 – AS3]:

AS1. Can you please tell me why <Person at Wave 1> is no longer resident in the household.

- He/she is deceased₁
- We separated/divorced₂
- He/she moved out to set up own household.. ₃
- Long-term absence (e.g. hospital, prison, military service abroad)₄
- Other (please specify)₅

AS2. When did <Person from Wave 1> stop living with you: Since what year? [YYYY]

AS3. When did <Person from Wave 1> stop living with you: Since what month? _____ mth

S1. Are you the biological parent of <child>?

Yes.....₁ → Go to S12 No.....₂ → Go to S2

S2. Are you the adoptive parent of <child>?

Yes.....₁ No.....₂ → Go to S7

S3. Was that a domestic or an inter-country adoption?

Domestic₁ Inter-country₂

S4. Was this a within family adoption?

Yes₁ No₂

S5. From which country?

S6. What age was <child> when you adopted him/ her? _____ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <child>?

Yes..... _1

No..... _2 → Go to S12

S8. How long has <child> been with your family? _____ months _____ weeks

S9. Do you anticipate that this will be a long-term foster placement? Yes _1 No _2

S10. How many previous foster placements has <child> been in? _____ previous placements DK... _99

S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care?

Another foster family _1

Own family..... _2

Institutional care _3

NOW PLEASE GO TO S12

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status?

Married and living with husband / wife _1 Go to S16

Married and separated from husband / wife _2 Go to S13

Divorced _3 Go to S13

Widowed _4 Go to S13

Never married _5 Go to S15

S13. In what year did you marry your (former) spouse? _____ (year)

S14. Since when have you been living apart / spouse deceased? _____ (year)

S15. May I just check whether you are currently living with someone in the household as a couple?

Yes..... _1

No _2 Go to S24

S16. Since when have you and your spouse or partner been living together? _____ (mth) _____ (year)

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

Most days..... _1 → Go to S18

At least once a week..... _2 → Go to S18

Less than once a week..... _3 → Go to S18

Hardly ever..... _4 → Go to S18

Never..... _5 → Go to S21

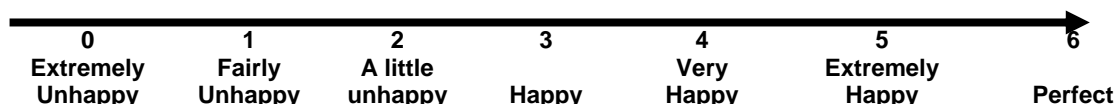
S18. When you and your partner argue, how often do you

	Never	Not very often	Sometimes	Often	Almost always/always
Shout or yell at each other.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Throw something at each other.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Push, hit or slap each other.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

S19. How often would you say the following happen in your relationship?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
You discuss or have considered divorce, separation, or terminating your relationship.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
You think that things between you and your partner are going well	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
You confide in your mate	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6

S20. The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.



S21a. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and the Study Child right now. Remember, there no right or wrong answers, just try to be as honest as possible

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. Caring for my child sometimes takes more time and energy than I have to give.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. I sometimes worry whether I am doing enough for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. The major source of stress in my life is my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. Having child leaves little time and flexibility in my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. Having child has been a financial burden.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[BLAISE CONDITION: ASK S22 ONLY OF FEMALE RESPONDENTS]

S22. Are you currently pregnant? Yes.....1 No.....2

S23. Which of the following best describes how often you usually drink alcohol?

1. Never.....	<input type="checkbox"/> 1
2. Less than once a month.....	<input type="checkbox"/> 2
3. 1-2 times a month.....	<input type="checkbox"/> 3
4. 1-2 times a week.....	<input type="checkbox"/> 4
5. 3-4 times a week.....	<input type="checkbox"/> 5
6. 5-6 times a week.....	<input type="checkbox"/> 6
7. Every day.....	<input type="checkbox"/> 7

If currently drink alcohol between everyday and 1-2 times a week ask:
S24. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

(a) Pints of Beer/Cider ____ (b) Glasses of Wine ____
(c) Measures of Spirits ____ (d) Bottles of alcopops ____

For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

[ASK S25a ONLY OF FEMALE RESPONDENTS]

S25a. How often do you have 6 or more alcoholic drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[ASK S25b ONLY OF MALE RESPONDENTS]

S25b. How often do you have 8 or more alcoholic drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S25c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S25d. How often during the last year have you failed to do what was expected of you because of drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S25e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No.....1 Yes, on one occasion.....2 Yes on more than one occasion.....3

S26. Do you currently smoke daily, occasionally or not at all?

Daily ₁ Occasionally ₂ Not at all ₃

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

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

S28. Including yourself, how many members of the household smoke? ____ N

S29. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Regularly..... ₁ Occasionally ₂ Not at all ₃

S30a. Since the time of the last interview when <child> was 9 years of age, have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?

Yes..... ₁ No..... ₂

S30b. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?

Yes..... ₁ No..... ₂

S31. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way *during the past week*.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
a. I felt I could not shake off the blues even with help from my family or friends.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. I felt depressed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. I thought my life had been a failure.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. I felt fearful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. My sleep was restless.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. I felt lonely.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. I had crying spells	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. I felt sad.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

S32. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) (other than for traffic offences)?

Yes..... ₁ No..... ₂ → Go to S33

S33. Have you ever been to prison? Yes ₁ No ₂

S34. To the best of your knowledge, has <child> ever tried?

	Yes, and I know about it	Probably	Possibly	I don't think so
A. Alcohol	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. Cigarettes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. Cannabis/Marijuana	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

S35. Have you spoken to your child personally about the following sexual health issues?

	Yes	No
1. Sex and sexual intercourse.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. Sexual feelings, relationships and emotions.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3. Contraception.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4. Safer sex/sexually transmitted infections/ venereal diseases	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5. Sexual orientation (eg. Homosexuality, heterosexuality etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

S36. Can we check, does <child's> biological father/ mother live here with you or elsewhere?

- Lives here.....1 → Go to S48
Deceased.....2 → Go to S48
Temporarily lives elsewhere3 → Go to S48
Lives elsewhere4 → Go to S37

S37. Were you ever married to or did you ever live with <child's> biological father / mother?

- Yes, married to...1 Yes, lived with...2 No 3 Go to S39 Adoptive / Foster parent 4 Go to S48

S38. What age was the Study Child when you split or separated from their biological father / mother?

S39. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

- Formal.....1 Informal.....2 No parenting arrangement ...3

S40. Briefly describe that arrangement

S41. How did you arrive at that arrangement?

- Court imposed arrangements1
Formal negotiated arrangements other than legal (e.g. counsellor).....2
Mutual agreement with no third party negotiator3

S42. How far does <child's> biological father / mother live from here?

- Within ½ hour's drive from here.....1 More than 1 hour's drive from here3
Between ½ and 1 hour's drive from here..2 Outside the country.....4

S43. How often does <child> have contact with his / her biological father / mother?

- Daily1 Monthly5
Once or twice a week.....2 Less than once a month6
Weekly3 No contact.....7
Every second week / weekend4

S44. Does <child's> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

- No, he/she never makes any payment1
Yes, he/she makes a regular payment2
Yes, he/she makes payments from time to time.....3

S45. How often do you talk to <child's> biological father/ mother about <child>?

- Every day 1 Several times a week 2 About once a week 3 A few times a month 4 Several times a year 5 Never 6

S46. How well do you get on with <child's> biological father/ mother? Would you say your relationship is?

- Very positive 1 Positive 2 Neither positive nor negative 3 Somewhat negative 4 Very negative 5

S47. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?

- Yes1
No, I do not wish other parent to be contacted2
No, I do not have contact details for other parent3

→ **Please give contact details**



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

Secondary Caregiver – SUPPLEMENTARY SECTION, 13-Year

AREA

HHOLD

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date ____ / ____ / ____
day mth year

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.**

X1. Are you male or female?

Male..... ₁ Female ₂

X2. What is your date of birth? ____ / ____ / ____
DD / MM / YYYY

S1. Are you the biological parent of <child>?

Yes..... ₁ → Go to S12 No..... ₂ → Go to S2

S2. Are you the adoptive parent of <child>?

Yes..... ₁ No..... ₂ → Go to S7

S3. Was that a domestic or an inter-country adoption?

Domestic ₁

Inter-country ₂

S4. Was this a within family adoption?

Yes ₁ No ₂

S5. From which country?

S6. What age was <child> when you adopted him/ her? _____ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <child>?

Yes..... ₁ No..... ₂ → Go to S12

S8. How long has <child> been with your family? _____ months _____ weeks

S9. Do you anticipate that this will be a long-term foster placement? Yes ₁ No ₂

S10. How many previous foster placements has <child> been in? _____ previous placements DK... ₉₉

S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care?

Another foster family ₁ Own family..... ₂ Institutional care ₃

NOW PLEASE GO TO S12

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status?

- Married and living with husband / wife 1 **Go to S16**
- Married and separated from husband / wife 2 **Go to S13**
- Divorced 3 **Go to S13**
- Widowed 4 **Go to S13**
- Never married 5 **Go to S15**

S13. In what year did you marry your (former) spouse? _____(year)

S14. Since when have you been living apart / spouse deceased? _____(year)

S15. May I just check whether you are currently living with someone in the household as a couple?

- Yes..... 1 No 2 **Go to S24**

S16. Since when have you and your spouse or partner been living together? _____ (mth) _____(year)

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days..... 1 **→Go to S18**
- At least once a week..... 2 **→Go to S18**
- Less than once a week..... 3 **→Go to S18**
- Hardly ever..... 4 **→Go to S18**
- Never..... 5 **→Go to S21**

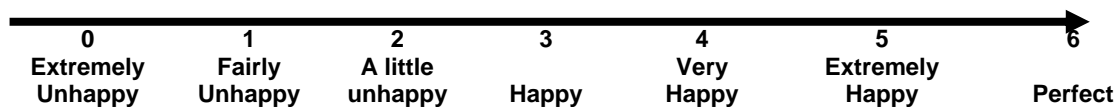
S18. When you and your partner argue, how often do you

- | | | | | | |
|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Never | Not very often | Sometimes | Often | Almost always/
always |
| Shout or yell at each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Throw something at each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Push, hit or slap each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S19. How often would you say the following happen in your relationship?

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Never | Less than once a month | Once or twice a month | Once or twice a week | Once a day | More often |
| You discuss or have considered divorce, separation, or terminating your relationship..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| You think that things between you and your partner are going well..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| You confide in your mate..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S20. The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.



S21a. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and the Study Child right now. Remember, there no right or wrong answers, just try to be as honest as possible

- | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
| 1. Caring for my child sometimes takes more time and energy than I have to give..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. I sometimes worry whether I am doing enough for my child..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. The major source of stress in my life is my child..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. Having child leaves little time and flexibility in my life..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. Having child has been a financial burden..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. It is difficult to balance different responsibilities because of my child..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

[BLAISE CONDITION: ASK S22 ONLY OF FEMALE RESPONDENTS]

S22. Are you currently pregnant? Yes.....₁ No.....₂

S23. Which of the following best describes how often you usually drink alcohol?

- 1. Never.....₁
- 2. Less than once a month.....₂
- 3. 1-2 times a month.....₃
- 4. 1-2 times a week.....₄
- 5. 3-4 times a week.....₅
- 6. 5-6 times a week.....₆
- 7. Every day.....₇

If currently drink alcohol between everyday and 1-2 times a week ask:
S24. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

(a) Pints of Beer/Cider ____ **(b) Glasses of Wine** ____
(c) Measures of Spirits ____ **(d) Bottles of alcopops** ____

For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

[ASK S25a ONLY OF FEMALE RESPONDENTS]

S25a. How often do you have 6 or more alcoholic drinks on one occasion?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

[ASK S25b ONLY OF MALE RESPONDENTS]

S25b. How often do you have 8 or more alcoholic drinks on one occasion?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

S25c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

S25d. How often during the last year have you failed to do what was expected of you because of drinking?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

S25e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- No.....₁ Yes, on one occasion.....₂ Yes on more than one occasion.....₃

S26. Do you currently smoke daily, occasionally or not at all?

- Daily.....₁ Occasionally.....₂ Not at all.....₃

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

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

S28. Including yourself, how many members of the household smoke? ____N

S29. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

- Regularly.....₁ Occasionally.....₂ Not at all.....₃

S30a. Since the time of the last interview when <child> was 9 years of age, have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?

Yes....._1 No....._2

S30b. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?

Yes....._1 No....._2

S31. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way *during the past week*.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
a. I felt I could not shake off the blues even with help from my family or friends.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
b. I felt depressed	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
c. I thought my life had been a failure.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
d. I felt fearful	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
e. My sleep was restless.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
f. I felt lonely.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
g. I had crying spells	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
h. I felt sad.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

S32. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) (other than for traffic offences)?

Yes....._1 No....._2 → Go to S33

S33. Have you ever been to prison? Yes_1 No..... _2

S34. To the best of your knowledge, has <child> ever tried?

	Yes, and I know about it	Probably	Possibly	I don't think so
A. Alcohol.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
B. Cigarettes	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
C. Cannabis/Marijuana	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

S35. Have you spoken to your child personally about the following sexual health issues?

	Yes	No
1. Sex and sexual intercourse.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
2. Sexual feelings, relationships and emotions.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
3. Contraception.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
4. Safer sex/sexually transmitted infections/ venereal diseases	<input type="checkbox"/> _1	<input type="checkbox"/> _2
5. Sexual orientation (eg. Homosexuality, heterosexuality etc)	<input type="checkbox"/> _1	<input type="checkbox"/> _2

S36. Can we check, does <child's> biological father/ mother live here with you or elsewhere?

- Lives here....._1 → Go to S48
- Deceased....._2 → Go to S48
- Temporarily lives elsewhere
- Lives elsewhere

S37. Were you ever married to or did you ever live with <child's> biological father / mother?

Yes, married to..._1 Yes, lived with..._2 No _3 Go to S39 Adoptive / Foster parent _4 Go to S48

S38. What age was the Study Child when you split or separated from their biological father / mother?

S39. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

Formal.....1

Informal.....2

No parenting arrangement ...3

S40. Briefly describe that arrangement

S41. How did you arrive at that arrangement?

Court imposed arrangements1

Formal negotiated arrangements other than legal (e.g. counsellor).....2

Mutual agreement with no third party negotiator3

S42. How far does <child's> biological father / mother live from here?

Within ½ hour's drive from here.....1

More than 1 hour's drive from here3

Between ½ and 1 hour's drive from here..2

Outside the country.....4

S43. How often does <child> have contact with his / her biological father / mother?

Daily1

Monthly5

Once or twice a week.....2

Less than once a month6

Weekly3

No contact.....7

Every second week / weekend4

S44. Does <child's> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment1

Yes, he/she makes a regular payment2

Yes, he/she makes payments from time to time.....3

S45. How often do you talk to <child's> biological father/ mother about <child>?

Every day
1

Several times a
week
2

About once a
week
3

A few times a
month
4

Several times a
year
5

Never
6

S46. How well do you get on with <child's> biological father/ mother? Would you say your relationship is?

Very
positive
1

Positive
2

Neither positive nor
negative
3

Somewhat
negative
4

Very negative
5

S47. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?

Yes1

No, I do not wish other parent to be contacted2

No, I do not have contact details for other parent3



Please give contact details

S48. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.

C4 Child/Young Person Main Questionnaire



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

YOUNG PERSON MAIN QUESTIONNAIRE

AREA

HHOLD

Interviewer Name _____

Interviewer Number

Time Section Started (24 hour clock)

Date _____
day mth year

Now a few questions about things you like to do in your spare time.

Welcome to the *Growing Up in Ireland* study and thank you for helping us by filling in the questionnaires. We want to find out what it is like to be a 13 year old in Ireland today. Your answers will help 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.

1. On a normal weekday during term time, how many hours do you spend watching television, videos or DVDs (not on your computer)? Please remember to include time before school as well as time after school?
[IF NONE – PLEASE ENTER 0]
_____ hours _____ minutes

2. On a normal weekday during term time, about how many hours do you spend reading for pleasure?
[DO NOT INCLUDE TIME SPENT READING AT SCHOOL OR DOING HOMEWORK]
[IF NONE – PLEASE ENTER 0]
_____ hours _____ minutes

3. Do you have a computer at home? Yes.....₁ No ₂

4. On a normal weekday, during term-time, about how much time do you spend using the computer. Please include time before school as well as time after school. [DO NOT INCLUDE TIME SPENT USING COMPUTERS IN SCHOOL]
[IF NONE – PLEASE ENTER 0]
_____ hours _____ minutes

5. On a normal weekday, during term-time, about how much time do you spend playing video games such as, Playstation, X-box, Nintendo etc?
[IF NONE – PLEASE ENTER 0]
_____ hours _____ minutes

6. Are there rules in your house about what television programmes, movies or DVD's you can watch?

Yes ₁ No..... ₂

7. And are there rules in your house about what video-games you can play?

Yes ₁ No..... ₂

8. Do you have any of the following in your bedroom?

	Yes	No
Television.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Computer or laptop	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Video/DVD player	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Games console (playstation etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

9. Do you have access to the internet? Yes ₁ No..... ₂

10. [CARD C10] Where/ how do you access it (tick all that apply)

a. At school	<input type="checkbox"/> ₁
b. At home on a PC in a family room	<input type="checkbox"/> ₂
c. At home on a PC (in your bedroom)	<input type="checkbox"/> ₃
d. Via a games console.....	<input type="checkbox"/> ₄
e. Internet TV/ cable in a family room	<input type="checkbox"/> ₅
f. Via mobile phone/ ipaq or other mobile device.....	<input type="checkbox"/> ₆
g. Other	<input type="checkbox"/> ₇

11. 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.....	<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
i. Blogging or personal web page (Facebook, Bebo, Twitter, etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. Shopping online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
k. Reading news or current affairs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
l. Downloading music.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

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

Yes always..... ₁ Yes sometimes

13. Have any of the following ever happened?

	Yes	No
A. You have posted pictures of yourself on the web (incl. social networking sites such as Facebook)	<input checked="" type="checkbox"/> <input type="checkbox"/> ₁	<input type="checkbox"/> ₂
B. You have posted pictures of other people on the web without their permission	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
C. You have been sent unwanted or inappropriate material online.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
D. You have used chat rooms to say unkind things about someone you don't like	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
E. You have given out personal information that you shouldn't have to someone you met online and regretted it later	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
F. You have met someone face to face that you first met online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

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

15. During the past 12 months have you volunteered or helped without pay by...

	Yes	No
A. Doing activities at school (committees, student council etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. Becoming a member of a campaign group (e.g., Amnesty, Animal Welfare group etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. Fundraising (charity, school trips etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. Helping in your community (hospital volunteering, community organization, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
E. Helping neighbours or relatives (cutting grass, babysitting etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F. Any other volunteering activity (without pay)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
G. I have not done any of these activities without pay	<input type="checkbox"/> 1	<input type="checkbox"/> 2

16. Thinking about these activities, during the past 12 months, how often have you volunteered or helped with out pay?

- 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

17. How much spending money, if any, do you have to spend each week? If you don't receive any, write 00.

_____ Euro	_____ Cent
------------	------------

18. [CARD C18] Where do you get this money from? (Tick all that apply)

- Pocket money 1
- Doing chores (or babysitting) in the home 2
- Given money by parents when I need it 3
- Earned money doing jobs outside the home 4

Now some questions about exercise and sport.

First, I would like to ask you about any walking for pleasure or exercise you did in the last 7 days. **DO NOT** include walks for transport, such as walking to school or to the shops, but **DO** include walks undertaken for exercise, recreation or leisure.

19. In the last 7 days, did you take such a walk?

Yes... 1 No..... 2 → go to 22

20. How many walks for exercise, recreation or leisure did you take? _____

21_1. Approximately how many minutes did each walk last? a. ____ b. ____ c. ____ d. ____ e. ____ f. ____ g. ____

[INT: If interviewee took more than 7 walks, please record the 7 longest]

21_2. How would you describe your usual walking pace during this(these) walk(s)? [Tick ONE only]

Slow 1 Steady, average..... 2 Fairly Brisk 3 Fast 4 Don't know ... 5

22. I would now like to ask you about any sporting activities you've undertaken in the past week. This includes any exercise such as swimming, dancing or jogging, as well as all forms of sporting activity, indoor or outdoor, whether undertaken in an organised setting or casually with family or friends. So, in the past 7 days, did you participate in any such activities?

Yes....._1

No....._2 → go to 24

23_1. [CARD C23] Please list up to 3 sports or activities, in the order in which you participated the most:

[INT: If answer includes any of the 5 sports in the table, it is ESSENTIAL to ask the relevant follow-up question and record exactly which type of sport, as shown. Treat each of these as a separate activity.]

- (a) Gaelic Football....._1
- (b) Soccer....._2
- (c) Hurling/Camogie....._3
- (d) Rugby....._4
- (e) Swimming....._5
- (f) Boxing....._6
- (g) Leisure cycling....._7
- (h) Sport cycling (road cycling, mountain cycling, cross-country cycling etc.)....._8
- (i) Running for pleasure (i.e. not competitive)....._9
- (j) Competitive running (e.g. Athletics)....._10
- (k) 18-hole golf....._11
- (l) Pitch & putt....._12
- (m) Hockey....._13
- (n) Something else....._14
- (o) _____
- (p) _____
- (q) _____

I'd like to ask you a short series of questions about each activity, starting with the first...[INT: PROMPT ACTIVITY 21_1]

23_2. On how many of the last 7 days did you take part? _____

23_3. For how long did you take part? Consider a usual session if you took part more than once.
_____ minutes

23_4. Was the effort enough to raise your breathing rate?

Yes_1 No_2

23_5. Was the effort enough for you to be out of breath or sweat?

Yes_1 No_2

23_6. Where did the activity take place? [Tick all that apply]

- | | | | | |
|-----------------------------|--|---------------------------------|-----------------------------|-----------------------------|
| In school | Organised training, coaching, or lesson outside school | Casually with family or friends | On own | Other |
| <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |

[INT: Repeat for second, third activity - If no second activity → Q25_1]

[IF 'NO' AT 22 ASK 24:]

24. [CARD C24] Please tell us what is your MAIN reason for not taking part in physical activities [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 or read....._10

25_1. [CARD C25] In the past 12 months how often have you:

	Never	Less than once a week	1 to 3 times a week	4 or more times a week
A. Played sports or undertaken physical activities without a coach or instructor (e.g. biking, skate boarding etc)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Played sports with a coach or instructor, other than in P.E. class? (swimming, soccer, hockey etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Taken part in dance, gymnastics, karate or other groups or lessons other than in P.E.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D. Taken part in clubs or groups such as Guides or Scouts, youth club, community or church groups.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

25_2. Does this activity have to paid for?

No..... 1
 Yes, my parents pay for it..... 2
 Yes, I pay for it myself 3

26. In any of your activities do you have special responsibilities, such as team leader, captain secretary etc?

Yes 1 No 2

27. [CARD C27] The following is a list of pastimes that teenagers might enjoy. How often do you spend time on each of the following activities?

	Never	Now & Again	Sometimes	Always
A. Playing sport or exercising	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Going to football matches, hurling games or other sports events	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Hobby or craft (drawing, model building, baking, etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D. Singing, dance, drama or playing a musical instrument	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
E. Watching TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
F. Listening to music	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
G. Watching films/going to the cinema	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
H. Playing computer games	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I. Playing other games such as chess, cards, puzzles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
J. Surfing the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
K. Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
L. Hanging out with friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
M. Spending time with your pet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
N. Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
O. Following your favourite football team	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
P. Fashion/make-up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q. Going out for something to eat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
R. Helping out on the farm	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
S. Spending time with your family generally	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
T. Voluntary work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
U. Something else (please specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

28. [CARD C28] Who are you most likely to do things with in your spare time (tick ONE box on each line)

	Most days	At least once a week	Less than once a week	Hardly ever or never
A. A brother or sister	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. A parent or guardian	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Another adult	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D. A boyfriend or girlfriend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
E. Other friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
F. Myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
G. Cousins	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

29. On an average school day, how much time in a day do you spend alone at home while nobody else is home?

- None ₁
- 1 to 2 hours a day ₂
- 3 to 4 hours a day ₃
- 5 to 6 hours a day ₄
- 7 or more hours a day ₅

30. [CARD C30] The following questions refer to the rules and limits your parents may place on your activities

	Almost never or never	Not very often	Sometimes	Often	Almost always or always
A. Do you need your parents' permission before going out on week nights.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. If you go out on a Saturday evening, do you have to inform your parents beforehand about who you will be with and where you will be going.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. If you have been out very late one night, do your parents make you explain why and tell them who you were with.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. Do your parents demand to know where you are in the evenings, who you are going to be with, and what you are going to be doing.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. Do you have to ask your parents before you can make plans with friends about what you will do on a Saturday night.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. Do your parents make you tell them how you spend your money.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

We would now like to ask some questions about the things that you eat.

31. Do you usually have something to eat at home before going to school?

- Yes ₁ No ₂

32. [CARD C32] We would like you to think back to what you ate yesterday. Did you eat each of these foods once, more than once, or not at all?

	Not at All	Once	More than once
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. Raw vegetables or salad.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
D. Hamburger, hot dog, sausage or sausage roll, meat pie,.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
E. Hot chips or French fries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
F. Crisps or savoury snacks.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
G. Biscuits, doughnuts, cake, pie or chocolate.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
H. Sweets.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I. Full fat cheese/yoghurt/ fromage frais	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
J. Low fat Cheese/ low fat yoghurt.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
K. Water (tap water / still water/).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
L. Fizzy drinks / minerals / cordial / squash (diet).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
M. Fizzy drinks / minerals / cordial / squash (not diet).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
N. Full cream milk	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
O. Skimmed/Semi-skimmed milk.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

33. How often do you brush your teeth?

- More than twice a day ₁
- Twice a day ₂
- Once a day..... ₃
- Less often than once a day..... ₄
- Rarely ₅
- Not at all..... ₆

34. [CARD C34] Do you do any of these chores at home?

	Everyday	2/3 times a week	4/5 times a week	More often
a. Help with cooking for the family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Hoovering / cleaning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Helping in the garden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Washing the dishes / Emptying the dishwasher	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Putting out the bin / recycling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Cleaning the car	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Helping with your younger brothers or sisters	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Helping an elderly or sick relative in the family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

35. 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

36. As a teenager, what do you worry about most in relation to you and/or your family? Please specify as fully as possible

37. And what do you worry about most in relation to the wider world? Please specify as fully as possible

C5 **Child/Young Person Sensitive Questionnaire,
Part 1**



GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

YOUNG PERSON SENSITIVE QUESTIONNAIRE PART 1

AREA HHOLD

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date _____ day _____ mth _____ year

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that 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.

The following are some questions about your friends

1. How many friends do you normally hang around with? (tick ONE box only)

- A. None **Go to 6** E. Between 6 and 10..... **5**
- B. One or two **2** F. More than 10..... **6**
- C. Between 3 and 5 **3**

2. How many of these would you describe as CLOSE friends? (tick ONE box only) _____

3. How many days a week (after school or in the evenings) do you usually go out with your friends? (tick ONE box only)

- A. One **1** E. Five **5**
- B. Two **2** F. Six **6**
- C. Three **3** G. Seven **7**
- D. Four **4** H. Less than once a week... **8**

4. How old are the friends you usually go about with? (tick ONE box on each line)

- | | None | Some | Most or all |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| A. A year or more younger..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| B. About the same age | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| C. A year or two older | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| D. More than two years older..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

5. How many of your friends have your parents met? (tick ONE box only)

- None of them **1**
- Some of them..... **2**
- Most or all of them **3**

6. This part asks about your feelings about your relationships with your close friends. Please read each statement and circle the ONE number that tells how true the statement is for you now.

	Almost never or never true	Not very often true	Sometimes true	Often true	Almost always or always true
a. Talking over my problems with friends makes me feel ashamed or foolish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I wish I had different friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My friends understand me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My friends accept me as I am.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I feel the need to be in touch with my friends more often	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My friends don't understand what I'm going through these days	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. I feel alone or apart when I am with my friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. My friends listen to what I have to say.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. I feel my friends are good friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. My friends are fairly easy to talk to.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. When I am angry about something, my friends try to be understanding.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. I feel angry with my friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. I can count on my friends when I need to get something off my chest.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. I trust my friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. My friends respect my feelings.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
p. I get upset a lot more than my friends know about	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
q. It seems as if my friends are irritated with me for no reason.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

7. Do you ever feel that you miss out on things that your friends have or things they can do because you can't afford to do the same? NCDS 16 year wave

Yes occasionally .. 1 Yes often 2 No..... 3

8_1. If yes, what sort of things do you miss out on? (tick all that apply)

- a. Having fashionable clothes 1
- b. Having big possessions like an ipod or docking station . 2
- c. Having small possession like cds 3
- d. School trips 4
- e. Entry money for cinema/disco 5
- f. Entry money for sports..... 6
- g. Going out with my friends 7
- h. Money for travel to go places 8
- i. Treating my friends 9
- j. Buying presents 10
- k. Other things? (specify) _____ 11

8_2. How do you feel about that?

- I mind very much 1
- I mind quite a bit..... 2
- It doesn't bother me much 3
- It doesn't bother me at all..... 4

The following are some questions about how you may have been feeling over the last while

9. Question 9 Redacted

10. When you feel anxious or distressed who would you be MOST likely to talk to? (Please tick ONE box only)

- Mum 1
- Dad..... 2
- Brother/ sister..... 3
- Aunts/uncles 4
- Cousins 5
- Childline/ Samaritans etc..... 6
- Friends 7
- Boyfriend/ girlfriend 8
- Teacher 9
- Doctor or GP 10
- Psychiatrist/ counsellor 11
- No-one 12
- Other (Please specify) 13

Now a few questions on how you get on with your siblings

11. Do you have brothers or sisters?

Yes 1 No..... 2 – please go to Question 19

12. How often do you and your brothers/sisters do the following? (Tick one box on each line)

	Not at		
	All	Sometimes	Always
A. Go places and do things together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Stick up for each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Talk about secrets and private feelings.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Do nice things for each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

13. Overall, how often do you get on with well with your brother(s)/sister(s)? (tick ONE box only)

- Always..... 1
- Usually 2
- Sometimes 3
- Never..... 4

14. How often do you argue with your brother(s)/sister(s)? (tick ONE box only)

- Most days.....₁
 At least once a week.....₂
 Less than once a week.....₃
 Never or hardly ever.....₄

15. How often does a brother or sister do these things to you? (tick ONE box on each line)

- | | Most days | At least
once a week | Less that
once a week | Never or hardly
ever |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| A. They threaten to hurt me in some way..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| B. They hurt me by hitting or kicking or punching me..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

16. And how often do YOU DO these things to a brother or sister? (tick ONE box on each line)

- | | Most days | At least
once a week | Less that
once a week | Never or hardly
ever |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| A. I threaten to hurt them in some way..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| B. I hurt them by hitting or kicking or punching them..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

17. Do you mostly argue or fight with a brother or a sister? (tick ONE box only)

- I mostly argue or fight with my brother.....₁
 I mostly argue or fight with my sister.....₂

18. How old is the brother or sister that you argue or fight with most often? (please write in)

He/she is _____ years old

19. Have you been bullied in the last 3 months?

Yes.....₁

No.....₂ – please go to Question 26

20. How often did this bullying take place? [Tick all that apply]

In School

- Never.....₁
 Only once or twice.....₂
 2 or 3 times a month.....₃
 About once a week.....₄
 Several times a week.....₅

Outside School

- Never.....₁
 Only once or twice.....₂
 2 or 3 times a month.....₃
 About once a week.....₄
 Several times a week.....₅

21. What form did the bullying take? [Tick all that apply]

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| A. Physical bullying..... | <input type="checkbox"/> ₁ | E. Gossip, spreading rumours..... | <input type="checkbox"/> ₅ |
| B. Verbal bullying.(name calling, hurtful slagging)..... | <input type="checkbox"/> ₂ | F. Exclusion (being left out)..... | <input type="checkbox"/> ₆ |
| C. Electronic [phone messaging, emails, Facebook etc].. | <input type="checkbox"/> ₃ | G. Graffiti/pinning up notes/passing written notes in class.. | <input type="checkbox"/> ₇ |
| D. Comments were sexual in nature..... | <input type="checkbox"/> ₄ | H. Other (specify) _____ | <input type="checkbox"/> ₈ |

22. What was the reason for the bullying? [Tick all that apply]

- | | | | |
|--------------------------------------|---------------------------------------|--|--|
| A. Ethnicity..... | <input type="checkbox"/> ₁ | F. Physical appearance (clothes, glasses, weight etc)..... | <input type="checkbox"/> ₆ |
| B. Physical/Learning disability..... | <input type="checkbox"/> ₂ | G. Family Background..... | <input type="checkbox"/> ₇ |
| C. Religion..... | <input type="checkbox"/> ₃ | H. Seen not to conform to normal gender roles..... | <input type="checkbox"/> ₈ |
| D. Class performance..... | <input type="checkbox"/> ₄ | I. Jealousy..... | <input type="checkbox"/> ₉ |
| E. Teacher's pet..... | <input type="checkbox"/> ₅ | J. Other (specify)..... | <input type="checkbox"/> ₁₀ |

23. When you were bullied how did you feel? [Tick all that apply]

- Upset..... 1
- Afraid..... 2
- Angry..... 3
- Wanted to take revenge..... 4
- Shrugged it off..... 5
- Isolated..... 6
- Determined to do something about it..... 7
- Other [Please specify] _____ 8

24. Have you told anyone that you have been bullied? Yes 1No 2

25. Who have you told you have been bullied? [Tick all that apply]

- Teacher..... 1
- Parent(s) 2
- Friend..... 3
- No-one 4
- Other [Please specify] _____ 8

26. In the last 3 months have you bullied someone?

Yes..... 1 No 2 – please go to Question 28

27. How often did you bully someone?

In School

- Never..... 1
- Only once or twice 2
- 2 or 3 times a month 3
- About once a week 4
- Several times a week..... 5

Outside School

- Never 1
- Only once or twice 2
- 2 or 3 times a month 3
- About once a week 4
- Several times a week..... 5

And now, some more questions about you.....

28. How would you describe yourself?

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

29. Have you ever exercised to lose weight or to keep from gaining weight?

Yes..... 1 No 2

30. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?

Yes..... 1 No 2

31. Have you ever gone without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?

Yes..... 1 No 2

32. Have you ever taken any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight

Yes.....₁ No₂

33. Have you ever vomited or taken laxatives to lose weight or to keep from gaining weight?

Yes.....₁ No₂

34. How often do you weigh yourself?

- Every day₁
- Once a week₂
- Once a month₃
- Less than once a month.....₄
- Never.....₅

35. Which of the following are you trying to do about your weight?

- Lose weight₁
- Gain weight₂
- Stay the same weight.....₃
- I am not trying to do anything about my weight₄

36_1. The next set of questions are about things that may have happened to you. For each question, please say whether or not this has happened to you in the last year:

	No, never	Yes, 1-2 times	Yes, 3-4 times	Yes, 5 times or more
a. Been refused service at a store?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Been watched closely or followed around by security guards or store..... clerks at a store or shopping centre?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Been accused of something you didn't do at school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Been treated badly or unfairly by a teacher?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Had the feeling that someone was afraid of you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Had someone make a bad or insulting remark about you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Seen your parents or other family members treated unfairly?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

36_2. Why do you think you (or your family) were treated this way. Was it because of:

- Gender₁
- Age₂
- Skin colour₃
- Nationality₄
- Ethnicity.....₅
- Where you live₆

37. When you misbehave how often do your parents?

	Always	Sometimes	Never
a. Explain to you what you have done wrong	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Ignore you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Slap or hit you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Shout at you.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Send you out of the room or to your bedroom.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Stop your treats or pocket money.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Give out to you.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Offer you treats to be good	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Ground you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

C6 **Child/Young Person Sensitive Questionnaire,
Part 2**

GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

YOUNG PERSON SENSITIVE QUESTIONNAIRE PART 2

AREA HHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date _____
 day mth year

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that 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.

1. Are you currently taught Relationships and Sexuality Education (RSE) in your school?

Yes ₁ No ₂

Routing instructions: If child is in 1st or 2nd year please also ask

2. Were you taught Relationships and Sexuality Education (RSE) in primary school?

Yes ₁ No ₂

3. Have you ever discussed sex and/or relationship issues with your parent(s)?

Yes ₁ No ₂

4. Where would you be MOST likely to go to get information or advice on sex or relationship issues (Tick one only)

- Nowhere ₁
- Mum ₂
- Dad ₃
- Bother/sister ₄
- Aunts/ Uncles ₅
- Friends ₆
- Cousins ₇
- Boyfriend/ Girlfriend ₈
- Teacher ₉
- Internet ₁₀
- Magazines ₁₁
- Books ₁₂
- TV/ Films/ DVDs ₁₃
- Other (please specify) _____ ₁₄

[ASK ONLY OF BOYS]

Boys' bodies develop at different rates. We would like to ask you a few questions about your stage of development at the moment.

5. Has your voice changed at all?

- No, it is the same ₁
- Yes, occasionally it is a lot lower ₂
- Yes, it is now totally changed ₃
- Not sure ₄

[ASK OF GIRLS ONLY]

6a. Girls can start their periods at different ages. Have you started your periods yet?

Yes ₁ No ₂ – please go to Question 7

6b. What age were you when you had your first period? _____ years _____ months

ANTI-SOCIAL BEHAVIOUR

7. How often in the last year have you done any of the following? (Tick one box for each question)

	Not at all	Just once	2 to 5 times	6 or more times
1. Not paid the correct fare on a bus or train	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2. Taken something from a shop or store without paying for it.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
3. Behaved badly in public so that people complained and you got into trouble.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
4. Stolen or ridden in a stolen car or a van or on a stolen motorbike	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5. Taken money or something else that did not belong to you from school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
6. Carried a knife or weapon with you in case it was needed in a fight.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
7. Deliberately damaged or destroyed property that did not belong to you (eg windows, cars, streetlights)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
8. Broken into a house or building to steal something.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
9. Written things or sprayed paint on things that do not belong to you (for example, a phone box, car, building, bus shelter)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
10. Used force, threats or a weapon to get money or something else from somebody	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
11. Taken money or something else that did not belong to you from your home without permission	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
12. Broken into a car or van to steal something from it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13. Deliberately set fire or tried to set fire to someone's property or a building (e.g. school or shed).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
14. Hit, kicked or punched someone on purpose in order to hurt or injure them.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
15. Been involved in a serious physical fight where someone got badly hurt or needed to see a doctor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

The people responsible for *Growing Up in Ireland* would like to make it clear that a lot of the activities mentioned are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal.

8. Have you ever been in trouble with the Gardai?

Yes..... ₁ No ₂

9a. Have you ever smoked tobacco? (At least one cigarette, cigar or pipe)

Yes..... ₁ No..... ₂ – please go to Question 10a

9b. How old were you when you first smoked a cigarette?

- 8 years old or younger ₁
- 9 years old..... ₂
- 10 years old ₃
- 11 years old ₄
- 12 years old ₅
- 13 years old ₆

9c. How often do you smoke tobacco at present?

- Everyday ₁
- At least once a week but not every day ₂
- Less than once a week ₃
- I do not smoke ₄

9d. How many cigarettes do you usually smoke in a week? _____ cigarettes a week

10a. Have you ever had an alcoholic drink (other than just a few sips)? (That means beer, wine, cider or spirits like vodka, whiskey, etc...)

Yes..... 1

No 2 – please go to Question 11

10b. How old were you when you had your first drink of alcohol (other than just a few sips)?

8 years old or younger 1

9 years old..... 2

10 years old 3

11 years old 4

12 years old 5

13 years old 6

10c. During the last year did you have a whole alcoholic drink? (That means beer, wine, cider or spirits like vodka, whiskey, etc...)

Yes..... 1

No 2 – please go to Question 11

10d. How often do you drink alcohol now? Try to include even those times when you only drink a small amount.

Never..... 1

Rarely..... 2

Only on special occasions 3

At least once a month 4

At least once a week..... 5

Every day 6

10e. Have you ever had so much alcohol that you were really drunk (or felt sick or dizzy)?

No, never..... 1

Yes, once 2

Yes, 2-3 times 3

Yes, 4-10 times 4

Yes, more than 10 times 5

11. Have you ever used marijuana? [Marijuana is also called 'Cannabis', 'Grass', 'Weed' or 'Pot']

Yes..... 1

No 2

12. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?

Yes..... 1

No 2

13. Have you ever used any other drugs (such as ecstasy, speed, heroin, methadone, crack or cocaine)?

Yes..... 1

No 2

The people responsible for *Growing Up in Ireland* would like to make it clear that a lot of the activities mentioned in this questionnaire are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal. Drinking alcohol, taking drugs, fighting and so on always cause lots of damage and pain for everyone involved.

If you would like to talk to someone about any of the activities mentioned in this questionnaire let the interviewer know. This may involve talking to your parents/guardians about the matter.

C7 **Child/Young Person Questionnaire on
Relationship with Mum/Dad/Mum's Partner /
Dad's Partner**

GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

YOUNG PERSON SELF-COMPLETE QUESTIONNAIRE (M)

AREA H'HOLD RESPONDENT

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. 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.

We would now like to ask you some questions about your Mum

1. How well do you get on with your Mum?

Very well 1 Fairly well 2 You and your Mum do not get on 3

2. My Mum doesn't really like me to tell her my troubles

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

3. My Mum hardly ever praises me for doing well

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

4. I can count on my Mum to help me out if I have a problem

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

5. My Mum spends time just talking to me

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

6. My Mum and I do things that are fun together

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

7. My Mum tells me that her ideas are correct and that I shouldn't question them

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

8. My Mum respects my privacy

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

9. My Mum gives me a lot of freedom

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

10. My Mum makes most of the decisions about what I should do

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

11. My Mum believes I have a right to my own point of view

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

12. My Mum really expects me to follow family rules

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

13. My Mum really lets me get away with things

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

14. If I don't behave myself, my Mum will punish me

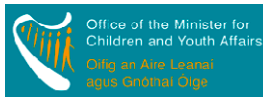
Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

15. My Mum points out ways I could do better

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

16. When I do something wrong, my Mum does not punish me

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45



GROWING UP IN IRELAND – the national longitudinal study of children
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YOUNG PERSON SELF-COMPLETE QUESTIONNAIRE (D)

AREA H'HOLD RESPONDENT

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. 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.

We would now like to ask you some questions about your Dad

1. How well do you get on with your Dad?

Very well Fairly well You and your Dad do not get on
₁ ₂ ₃

2. My Dad doesn't really like me to tell him my troubles

Strongly disagree Disagree I'm in between Agree Strongly agree
₁ ₂ ₃ ₄ ₅

3. My Dad hardly ever praises me for doing well

Strongly disagree Disagree I'm in between Agree Strongly agree
₁ ₂ ₃ ₄ ₅

4. I can count on my Dad to help me out if I have a problem

Strongly disagree Disagree I'm in between Agree Strongly agree
₁ ₂ ₃ ₄ ₅

5. My Dad spends time just talking to me

Strongly disagree Disagree I'm in between Agree Strongly agree
₁ ₂ ₃ ₄ ₅

6. My Dad and I do things that are fun together

Strongly disagree Disagree I'm in between Agree Strongly agree
₁ ₂ ₃ ₄ ₅

7. My Dad tells me that his ideas are correct and that I shouldn't question them

Strongly disagree Disagree I'm in between Agree Strongly agree
₁ ₂ ₃ ₄ ₅

8. My Dad respects my privacy

Strongly disagree Disagree I'm in between Agree Strongly agree
₁ ₂ ₃ ₄ ₅

9. My Dad gives me a lot of freedom

Strongly disagree Disagree I'm in between Agree Strongly agree
₁ ₂ ₃ ₄ ₅

10. My Dad makes most of the decisions about what I should do

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

11. My Dad believes I have a right to my own point of view

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

12. My Dad really expects me to follow family rules

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

13. My Dad really lets me get away with things

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

14. If I don't behave myself, my Dad will punish me

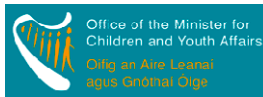
Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

15. My Dad points out ways I could do better

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

16. When I do something wrong, my Dad does not punish me

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45



GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

YOUNG PERSON SELF-COMPLETE QUESTIONNAIRE (MP)

AREA H'HOLD RESPONDENT

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. 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.

We would now like to ask you some questions about your step Dad or your Mum's boyfriend who lives at home with you

1. How well do you get on with him?

Very well Fairly well You and your Dad do not get on
₁..... ₂ ₃

2. He doesn't really like me to tell him my troubles

Strongly disagree Disagree I'm in between Agree Strongly agree
₁..... ₂ ₃ ₄ ₅

3. He hardly ever praises me for doing well

Strongly disagree Disagree I'm in between Agree Strongly agree
₁..... ₂ ₃ ₄ ₅

4. I can count on him to help me out if I have a problem

Strongly disagree Disagree I'm in between Agree Strongly agree
₁..... ₂ ₃ ₄ ₅

5. He spends time just talking to me

Strongly disagree Disagree I'm in between Agree Strongly agree
₁..... ₂ ₃ ₄ ₅

6. He and I do things that are fun together

Strongly disagree Disagree I'm in between Agree Strongly agree
₁..... ₂ ₃ ₄ ₅

7. He tells me that his ideas are correct and that I shouldn't question them

Strongly disagree Disagree I'm in between Agree Strongly agree
₁..... ₂ ₃ ₄ ₅

8. He respects my privacy

Strongly disagree Disagree I'm in between Agree Strongly agree
₁..... ₂ ₃ ₄ ₅

9. He gives me a lot of freedom

Strongly disagree Disagree I'm in between Agree Strongly agree
₁..... ₂ ₃ ₄ ₅

10. He makes most of the decisions about what I should do

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

11. He believes I have a right to my own point of view

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

12. He really expects me to follow family rules

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

13. He really lets me get away with things

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

14. If I don't behave myself, he will punish me

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

15. He points out ways I could do better

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

16. When I do something wrong, he does not punish me

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

YOUNG PERSON SELF-COMPLETE QUESTIONNAIRE (DP)

AREA

H'HOLD

RESPONDENT

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. 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.

We would now like to ask you some questions about your step-Mum or your Dad's girlfriend who lives at home with you

1. How well do you get on with her?

Very well 1 Fairly well 2 You and your mum do not get on 3

2. She doesn't really like me to tell her my troubles

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

3. She hardly ever praises me for doing well

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

4. I can count on her to help me out if I have a problem

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

5. She spends time just talking to me

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

6. She and I do things that are fun together

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

7. She tells me that her ideas are correct and that I shouldn't question them

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

8. She respects my privacy

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

9. She gives me a lot of freedom

Strongly disagree 1 Disagree 2 I'm in between 3 Agree 4 Strongly agree 5

10. She makes most of the decisions about what I should do

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

11. She believes I have a right to my own point of view

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

12. She really expects me to follow family rules

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

13. She really lets me get away with things

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

14. If I don't behave myself, she will punish me

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

15. She points out ways I could do better

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

16. When I do something wrong, she does not punish me

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

C8 Early School-Leaver's Questionnaire



Growing Up in Ireland – the national longitudinal study of children STRICTLY CONFIDENTIAL

EARLY SCHOOL LEAVER QUESTIONNAIRE

AREA HHOLD

Date _____ day _____ mth Int Name _____ Int. No.

Welcome to the *Growing Up in Ireland* study and thank you for helping us by filling in the questionnaires. We want to find out what it is like to be a 13 year old in Ireland today. You are one of 8,500 13-year-olds who are taking part in this survey. Your answers will help 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.

Q1. Are you attending school? Yes..... **End Questionnaire** No.....

Q2. When did you leave school? Month _____ Year _____ [SCHOOL LEAVING DATE]

Q3. What year were you in when you left school?

- During primary school..... ₁
- Moving from primary to secondary ₂
- First year..... ₃
- Second year..... ₄
- Other (specify) ₅

Q4. What were the main factors influencing you to leave school before the Leaving Cert? [Tick all that apply]

- | | |
|--|--|
| Found school work difficult..... <input type="checkbox"/> ₁ | Other school related factors (specify) _____ <input type="checkbox"/> ₇ |
| Found school work boring/not interesting . <input type="checkbox"/> ₂ | Health factors (own illness/disability)..... <input type="checkbox"/> ₈ |
| Didn't get on with teachers..... <input type="checkbox"/> ₃ | Wanted to get a job and earn money <input type="checkbox"/> ₉ |
| Didn't get on with other students..... <input type="checkbox"/> ₄ | Other economic/job factors (specify) _____ <input type="checkbox"/> ₁₀ |
| Suspended from school <input type="checkbox"/> ₅ | Family factors (specify) _____ <input type="checkbox"/> ₁₁ |
| Expelled from school..... <input type="checkbox"/> ₆ | Other reasons (specify) _____ <input type="checkbox"/> ₁₂ |

Q5. Thinking back to your last year of formal second level please say whether you agree or disagree with each of the following statements? [Show Card]

- | | Agree | Disagree |
|--|---------------------------------------|---------------------------------------|
| 1. School work was worth doing..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 2. My teachers didn't care about me | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 3. There were too many troublemakers in my classes..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 4. My teachers helped me to do my best | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 5. My friends took school seriously | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 6. Teachers could not keep order in class | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 7. Discipline was fair..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 8. Teachers listened to my ideas and views | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 9. Teachers often gave me homework..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 10. Teachers made sure I did homework they set | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 11. My school dealt well with bullying..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 12. If I had a problem there was always a teacher I could talk to | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 13. My school had a wide range of after- school activities (such as sports, clubs) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

Q6a. Again thinking back to your last year of formal school how often did you skip lessons (or 'mitch' or 'go on the hop')?

Never A lesson here and there A day here and there Several days at a time Weeks at a time

₁
₂
₃
₄
₅

Q6b. About how many days altogether would you have missed through skipping lessons ('mitching' or 'going on the hop') in your final year of school?
 _____ (days)

Q7a. Again thinking back to your last year of formal school, how often did you miss lessons for any other reason, such as illness, disability, extended holiday, etc.?

Never A lesson here and there A day here and there Several days at a time Weeks at a time

₁
₂
₃
₄
₅

Q7b. About how many days altogether would you have missed or any of these other reasons in your last year of school?
 _____ (days)

Q8. Did any of your friends leave school at around the same time?

Yes.....₁

No.....₂

Q9. What might have helped you stay in school longer?

- Better relationship with Teachers ₁
- Support from Parents..... ₂
- If my friends stayed..... ₃
- Help with class work and homework..... ₄
- Nothing / I just didn't want to stay in school..... ₅
- Other..... ₆

Q10. Use the six-point scale to indicate how true (like you) or how false (unlike you), each statement is as a description of your.

	False, not like me at all	Mostly false	More false than true	More true than false	Mostly true	True, it is very much like me
1. Mathematics was one of my best subjects	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
2. I was hopeless in English classes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
3. People came to me for help in most school subjects	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
4. I often needed help in Mathematics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
5. I looked forward to English classes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
6. I was too stupid at school to get into a good university	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
7. I looked forward to Mathematics classes.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
8. I did badly at tests that needed a lot of reading.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
9. If I worked really hard I could have been one of the best students in my school year.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
10. I had trouble understanding anything with Mathematics in it.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
11. Work in English classes was easy for me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
12. I got bad marks in most school subjects.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
13. I enjoyed studying for Mathematics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
14. I was not very good at reading.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
15. I learned things quickly in most school subjects.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
16. I did badly in tests of Mathematics.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
17. English was one of my best subjects.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
18. I was stupid at most school subjects	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
19. I got good marks in Mathematics.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
20. I hated reading	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
21. I did well in most school subjects	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
22. I never wanted to take another Mathematics course.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
23. I got good marks in English	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

	False, not like me at all	Mostly false	More false than true	More true than false	Mostly true	True, it is very much like me
24. I had trouble with most school subjects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
25. I had always done well in Mathematics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
26. I was good at most school subjects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
27. I hated Mathematics.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
28. I learned things quickly in English classes.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
29. Most school subjects were just too hard for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q11. Thinking back to when you were in school could you tell me whether or not you held a part-time job or jobs during term-time while you were still at school?

Yes, held a part-time job 1 No 2

Q12. Since leaving school, have you taken part in any form of education or training at a college or institution?

Yes, full-time ... 1 Yes, part-time 2 No 3

Q13a. Did you finish this course? (If you have done more than our course, please answer in terms of the last course you took.)

Yes 1
 No, I am still doing the course..... 2
 No, I left without finishing it 3

Q13b. How long were you/have you been on this course? _____

Q13c. Please give the name of the course

Q14. Which of the following would best describe your current situation?

- Working for payment 1
- Working for family..... 2
- Unemployed, having lost or given up previous job..... 3
- Looking for first regular job since leaving school 4
- Student/on a training course 5
- Engaged in home duties..... 6
- Unable to work due to permanent disability or illness 7
- Other (please specify) _____ 8

Q15. What are your plans for the future?

- Continue as I am 1
- Go back to second-level school 2
- Get an apprenticeship 3
- Get on a training course 4
- Get a paid job 5
- Look after my family 6
- Leave the country 7
- Other (please specify) _____ 8

Q16. If you intend to return to school, what is the highest qualification you expect to get by the time you finish your education?

- Junior Cert..... 1
- Leaving Cert 2
- Certificate or Diploma (including plc., apprenticeship) 3
- Degree or higher degree 4

Q17. Looking to the future when you have finished your education, what job would you like to have

(a) If you had your choice, what job would you really like to get?

(b) If you couldn't get that job, what job do you think you will get?

(c) What do you see yourself doing in 15 years time when you are 28 years old?

Q18. And where you would like to be and what you would like to be doing when you are 21 years old?

Would you like to

	Yes	No
Live in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Live abroad	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Be married.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have children	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Be studying in university or college.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have a job.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Thank you very much for having completed this part of *Growing Up In Ireland*

C9 Non-resident Parent Questionnaire

Growing Up in Ireland – national longitudinal study of children

Strictly Confidential

Non Resident Parent Questionnaire

Area Code Household Code Date ___ day ___ month ___ year

Please Read This First

This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring (01)8632000 and ask for the **Growing Up in Ireland** team.

IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE, PLEASE CALL (01) 8632000 DURING OFFICE HOURS

First of all, we would like to ask you a few questions about the time you spend with the study child

Q1. How long is it since you last saw your child? _____ days _____ weeks _____ months

Q2. How many nights do you and the study child spend together in a typical month? _____ nights

Q3. How many days, or part-days, (without nights) do you and the study child spend together in a typical month?
_____ days

Q4. How long does a typical contact occasion last? _____ days or _____ hours

Q5. How do you feel about the amount of time you spend with the study child? Please tick one of the following:

Nowhere near
enough

 ₁

Not quite
enough

 ₂

About right

 ₃

A little too
much

 ₄

Way too
much

 ₅

Q6. If you feel that you do not spend enough time with the study child, what do you think is the reason for this situation? If more than one reason, please tick the main reason.

Work commitments ₁

Commitments to other family/new partner ₂

Physical distance between self and child ₃

Other parent is uncooperative..... ₄

Court-imposed custody rules ₅

Other ₆

Q7. When you are spending time with the study child, where do you tend to bring him or her? A list of places is given below. Please place a '1' beside the location where you spend most time, a '2' beside the next most used location and so on. If there are any locations that you do not visit, just leave them blank.

	<i>Rank</i>
At your home	
At the other parent's home	
At another relative's home (e.g. child's grandparents)	
Recreational/amenity area (e.g. park, swimming pool)	
Shopping centre /cinema /McDonald's etc	
Specific events (e.g. football match)	
Other	

Q8. Please tick one box below to indicate how you arrived at the current arrangements for time spent with your child

- Court-imposed arrangements ₁
- Formal, negotiated arrangements other than legal (e.g. counsellor) ₂
- Mutual arrangement with no third party negotiator ₃
- No regular arrangements ₄

Q9. Fathers do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent, to do? Please rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

	<i>Rank</i>
Showing my child love and affection	
Taking time to play with my child	
Taking care of my child financially	
Giving my child moral and ethical guidance	
Making sure my child is safe and protected	
Teaching my child and encouraging his or her curiosity	
Other (specify)	

Q10. Do you use any of the following to communicate with the study child? Please tick all that apply

- Landline phone ₁
- Mobile phone ₂
- Internet chat-room ₃
- MSN Messenger or similar ₄
- Email ₅
- Social networking sites (e.g., Facebook) ₆
- Other ₇

Q11. How many hours of communication, outside of personal visits, do you have with the study child in a typical month? (Your best estimate is fine) _____ number of hours

Q12. We would like to get a sense of how you rate the quality of the time you spend with the study child. Please tick one box to indicate a rating of between 1 and 5, where '1' is "excellent" and '5' is "very poor".

Excellent $\xrightarrow{\hspace{10em}}$ *Very Poor*
 1 2 3 4 5

Q13. Being a parent often involves performing routine tasks for the child. Please tick one box on each line to indicate how often you would normally do each of the following:

	Every day	At least once a week	At least once a month	Several times a year	Rarely or never
Prepare a meal for the child at home.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Put the child to bed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Help the child with his/her homework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Take the child to doctor /dentist /hairdresser etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Take the child to or from school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

We would like to record some information about the kind of financial support you provide for the study child and his or her household.

Q14. Do you pay anything directly towards the rent or mortgage due on the child's home (i.e. the house or apartment where the child resides with his or her mother, NOT your own home)?

- Yes, I pay the full amount due ₁
- Yes, I pay a contribution ₂
- No, I don't pay towards the rent or mortgage directly ₃ Go to Q16
- There is no rent or mortgage owing on the home ₄ Go to Q16

Q15. If you pay all or part of the mortgage or rent, how much do you pay per month?
 € _____ per month

Q16. Do you provide financial support to the child's mother (other than a direct rent or mortgage payment)?

Never ... 1

Yes.....2 **REGULAR** payment of €_____ per month (excluding direct rent/mortgage payment)

Yes.....3 an **IRREGULAR** payment, as required (e.g. back to school) to the approximate value of
€_____ per year

Q17. If you give a regular payment as in Q16 above, how did you decide on the amount/schedule?

(Please tick one box only)

Your decision 1

Mutual agreement with mother 2

Legally imposed arrangement 3

Q18. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally "being there" when needed, etc?

Never1

Yes, occasionally2

Yes, frequently3

Q19. What was the status of your relationship with the study child's mother when she became pregnant with the study child? (Please tick one box only).

Married and living together1 Go to Q20

Cohabiting/living as married2 Go to Q20

Separated3 Go to Q20

Divorced4 Go to Q20

Going out but not living together5 Go to Q20

Just friends6 Go to Q21

No relationship7 Go to Q21

Q20. What age was the study child when you separated or split up with the study child's mother for the first time?

AGE _____ years and _____ months OR Separated before birth1

Q21. Are you named on the study child's birth certificate?

Yes1

No2

Not sure3

Q22. If you have never been married to the Study Child's mother have you ever applied for guardianship of Study Child? If you were married, please go to Q24

No1

Yes, through mother only2

Yes, through court3

Q23. If yes, was this application successful? Yes.....1 No.....2 Ongoing.....3

Q24. How often do you talk about the Study Child with the Study Child's mother?

Every day1

Several times a week2

About once a week3

A few times a month4

Several times a year5

Not at all6

Q25. How well do you get on with the Study Child's mother? Would you say your relationship is . . . ?

Very positive

Somewhat positive

Neutral

Somewhat negative

Very negative

1

2

3

4

5

Q26. Often parents have to make major decisions concerning the child, such as about education. Please indicate the degree of influence you feel you have in major decisions concerning the study child's:

	A lot of influence	Some influence	No influence
Discipline.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Health care.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Education.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Values and attitudes.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Finally, we just have a few questions about you.

Q27. What is your date of birth?

Day		Month		Year					

Q28. How old were you when your first ever child was born? _____ years

Q29. How would you describe your current employment status?

Working for payment or profit	<input type="checkbox"/> ₁	Retired from employment	<input type="checkbox"/> ₆
Looking for first regular job	<input type="checkbox"/> ₂	Unable to work due to permanent	
Unemployed	<input type="checkbox"/> ₃	sickness or disability	<input type="checkbox"/> ₇
Student or pupil	<input type="checkbox"/> ₄	Other (please specify) _____	<input type="checkbox"/> ₈
Looking after home/family.....	<input type="checkbox"/> ₅		

Q30. What is (was) your occupation in your main job? Please describe as fully as possible.

Q31. What is the highest level of education that you have completed? (Please tick one box only)

No formal education	<input type="checkbox"/> ₁	Certificate	<input type="checkbox"/> ₆
Primary	<input type="checkbox"/> ₂	Diploma	<input type="checkbox"/> ₇
Junior Cert. or equivalent	<input type="checkbox"/> ₃	Degree	<input type="checkbox"/> ₈
Leaving Cert. or equivalent	<input type="checkbox"/> ₄	Postgraduate Degree	<input type="checkbox"/> ₉
Trade Qualification	<input type="checkbox"/> ₅		

Q32. Which of the following best describes your current marital status?

Single	<input type="checkbox"/> ₁	Separated	<input type="checkbox"/> ₄
First marriage	<input type="checkbox"/> ₂	Divorced	<input type="checkbox"/> ₅
Remarried following divorce	<input type="checkbox"/> ₃	Widowed	<input type="checkbox"/> ₆
		Remarried following Widowhood	<input type="checkbox"/> ₇

Q33. Are you currently living with a partner?

Yes ₁ No..... ₂ Go to Q35

Q34. If yes, how long have you been in this relationship? _____ years or _____ months

Q35. How many other children (not including the study child) do you have?

None..... ₁ _____ by same parent as Study Child _____ by a different partner(s)

Q36. What is your nationality? _____

Q37. If you are NOT Irish, how long have you been living in Ireland? _____ years OR _____ months

Q38. How would you describe your general state of health?

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000**

Pilot Extension Appendices D & E

Appendix D: Introductory letters, Information Sheets, Consent and Assent Forms

D1 **Introductory Letter to Parents**

13-year



«PCG_title» «PCG_Fn» «PCG_sn»
«addr1»
«addr2»
«addr3»
«ADDR4»
«addr5»

20 May 2019

Our ref : «ref»

Dear «PCG_title» «PCG_sn»,

We are writing to you about the *Growing Up in Ireland* study. As you may remember, your family participated in this study almost four years ago.

At that time we explained that we would like to make a return visit to your home for a follow-up interview to see how your child has changed and grown since our first visit. The second round of interviews is now about to take place and we would like to invite you to participate.

Growing Up in Ireland is the first and most important study of its kind ever to take place in this country. As well as improving our understanding of children and their development it will help us to understand the main issues facing families in Ireland today. It will also help in providing advice to the Government on key decisions about future policies and services which will benefit all children and their families in Ireland for many years to come.

The study is being funded by the Department of Health & Children, through the Office of the Minister for Children and Youth Affairs, in association with the Department of Social Protection and the Central Statistics Office. The study is being carried out by a group of independent researchers from the Economic & Social Research Institute (ESRI) and Trinity College, Dublin.

As with your first interview, taking part in *Growing Up in Ireland* is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law. No government department will have access to the information collected.

In the coming days a member of our fieldwork team will call to your home to talk to you about the study, to explain what your participation involves and to answer any questions you may have. The enclosed information leaflet provides more details on the study.

If you have any queries about the study or your involvement in it, please do not hesitate to contact our Communications Officer (Ms Jillian Heffernan) on 01-896 3378 or any of the *Growing Up in Ireland* team at 01-8632000.

Thanking you in anticipation,

Yours sincerely,

(Research Professor, ESRI and
Principal Investigator, *Growing Up in Ireland* study).

(Director, Children's Research Centre, TCD
Co-director, *Growing Up in Ireland* study)



D2 Information Sheet for Parents

INFORMATION FOR PARENTS / GUARDIANS

Almost four years have now passed since you and your family kindly agreed to be part of the *Growing Up in Ireland* Study. As you know, *Growing Up in Ireland* is a unique study following the progress of the same group of children over time to help improve our understanding of all aspects of children and their development.

We would now like to re-interview you to find out how your child has grown and changed since our last visit, almost four years ago.

A reminder about what *Growing Up in Ireland* is all about...

Growing Up in Ireland is a national, Government funded study of children and is the first and most important of its kind ever to take place in this country.

The purpose of the study is to improve our understanding of all aspects of children and their development. It will:

- tell us how children develop over time.
- help us to find out what factors affect a child's development.
- look at what makes for a healthy and happy childhood and what might lead to a less happy one.
- help us to discover what it means to be a parent in Ireland today.

This information will help the Government to make decisions on what future policies and services will be most beneficial for children and their families in Ireland.

What has been happening since our last visit?

A total of 8,500 nine-year-old children and their families were interviewed for the first phase of *Growing Up in Ireland* and the first report on this part of the study was published in December 2009.

We have also been busy interviewing the families of 11,000 nine month old infants who are also taking part in the study and a report on that part of the study was published in November 2010.

Don't forget that you can keep up-to-date with all of our publications on our website, www.growingup.ie

Why should my family take part in the follow-up interview?

Your continued participation in the study is crucial to help get the most benefit from this research. The real value of this study will come in having more information on the same children as it will help us to better understand the changes which take place in children's lives as they grow and, very importantly, why children grow and develop at different rates.

The information collected during the first round of interviews in the main study will be included in a series of reports which the Government can use to help make improvements and bring real benefits for children and families for many years to come.

GROWING UP IN IRELAND

Who is running the study?

Growing Up in Ireland is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children and Youth Affairs in association with the Department of Social Protection and the Central Statistics Office.

The Office of the Minister for Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

What happens if I take part in the follow-up interview?

Taking part in the follow up interview is very simple and is very similar to your first interview. An interviewer will contact you to arrange a visit to your home at a time which is convenient for you and your family. As with your first interview, this can be on a week day, in the evening time if that suits, or during the weekend.

When the interviewer visits your home, you, your child and your spouse/partner (if relevant) will each be asked to fill out separate questionnaires with the interviewer. With your consent we would also like to administer a short assessment test to your child. This is a standard assessment used very widely in research with children. It is very straightforward to complete. The results of this test will be kept strictly confidential and are only for the purposes of the study. Individual results will not be seen by you or anyone outside the Study Team. The visit to your home will last about 2 ½ hours.

If you decide not to take part in the study it will in no way adversely affect any future health or social care which you or your family will receive from the State.

Confidentiality

As with the previous interview, all the information given to the *Growing Up in Ireland* interviewer is treated in the strictest confidence. It will be used exclusively for research purposes. The information given by your child will not be seen by anyone else in your family – not even you will have access to it. Similarly, other participants such as your partner will not see the information you give to us.

Under no circumstances could anyone in Government or any government agency or department be able to identify information given by you. The Study is being carried out under the Statistics Act (1993). This is the same legislation as is used to carry out the Census of Population and ensures complete confidentiality of all information collected.

We will use an ID number on your questionnaire and this will help to ensure that your information is kept anonymous.

The information you provide will have your name, address and other identifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.

GROWING UP IN IRELAND

What kind of questions will my family be asked?

Similar to our last interview, you and your partner (if relevant) will be asked questions about:

- your child's health and education
- his/her emotional health and wellbeing
- your own health
- your family life and experiences as a parent

Your child will be asked questions about:

- his/her home and school life
- interest and activities he/she enjoys
- his/her relationship with you, siblings and friends.

All the questions are very straightforward though some are quite detailed and some will address relatively sensitive issues like your family's income, your relationship with your partner (if relevant) and so on. The interviewer will be able to help out if you have any concerns or questions about the actual survey questionnaire itself.

Following up in a few years' time:

At this point in time it is undecided if there will be a further round of follow-up interviews. However it is possible that we may wish to return to your household again when your child is 15 years old.

In the meantime we will keep you up to date on the progress of the study results and the possibility of a further interview through our newsletter *GUI News*.

Who are the Interviewers?

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). S/he is an Officer of Statistics appointed by the Central Statistics Office and is similar to the interviewers who carry out research on behalf of the Central Statistics Office, including the Census. Each interviewer carries a photo ID card.

Each interviewer has been specially trained for the study and has been vetted by An Garda Síochána.

The interviewer is not allowed to be alone with your child at any time during his/her visit to your home.

If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the *Growing Up in Ireland* team at 01- 8632000.

GROWING UP IN IRELAND

What are my rights if I take part?

- You and **your family may choose to withdraw from the study at any time, even after the interviewer has called to your home.** At that stage, if requested, we would delete all information previously collected about you.
- If there are any questions on the questionnaire you do not wish to answer you do not have to do so.

Your participation counts.

Just as before, taking part in *Growing Up in Ireland* is voluntary. Your participation will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of all caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

Phone: Freephone 1800 200 434

or contact our Communications Officer, Jillian Heffernan, on 01 896 3378

or call 01 8632000 and ask for the *Growing Up in Ireland* team

Visit our website: www.growingup.ie

Email: Email us at growingup@esri.ie

Post:

Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson's Quay,
Dublin 2



D3 Child/Young Person's Information Sheet

YOUNG PERSON'S INFORMATION LEAFLET

Hey there!

When you were nine years old you and your parents agreed to take part in a very important project called ***Growing Up in Ireland***. You were one of 8,500 children from across Ireland picked to be part of the study.

You may remember an interviewer from the project calling to your home to ask you some questions about what your life was like and also speaking to your mum and dad about what life as a parent is like.

Now that you have turned 13 years old, we would like to talk to you and your parents again about how things have changed in the last four years – you are much older now, have changed schools and probably have some different interests and hobbies. We would like to find out all about these changes that have taken place.

This information leaflet will remind you about what ***Growing Up in Ireland*** is about and what will happen if you agree to take part again. When you have read it, chat to you parents about what you think!

What's Growing Up in Ireland all about?

Growing Up in Ireland or 'GUI' is a very important study that aims to find out lots of information about children and young people living in Ireland. The Government has asked us to carry out this exciting project to find out exactly what it is like to be a young person growing up in Ireland today. We think the best way to find this out is to ask young people just like you. So we have picked 8,500 young people from all over the country and are collecting lots of information from them.

Why does the Government need to find out about young people?

This project is really important as it will help the Government to make better decisions about things that affect young people and to make life better for all the young people and their families in the country.

Why was I picked?

All the young people picked to take part in ***Growing Up in Ireland*** were chosen at random. This was the best way to make sure we included young people from all different kinds of families and from all different parts of the country. That way we can get a complete picture of what it is like to be a young person from any part of Ireland today.

What will it tell us?

The study will provide us with lots of information about young people's social and physical development, their education, their family, what they do with their friends, their health and so on.

The information collected will be used to advise the Government on future policies and services which will be of most benefit for young people and their families and which will help ensure that all families and young persons can have the best possible outcomes in life.

YOUNG PERSON'S INFORMATION LEAFLET

Will this information be kept confidential?

All the information provided by you will be treated as strictly confidential, and private and will not be seen by anyone else unless the information provided causes the people running the study to be concerned about you, when they might have to tell someone who can help.

What are my rights if I take part?

- You may choose to withdraw from the study at any time, even after you have completed the questionnaire.
- If there are any question (s) on the questionnaire you do not wish to answer you do not have to do so.

Your participation counts.

Taking part in *Growing Up in Ireland* is voluntary. The participation of young people like you will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand what it is like to be a young person in Ireland today.

We hope that you will be able to help us in our work and we would like to thank you for your time completing our questionnaires.

Where can I find out more information?

Phone: Freephone 1800 200 434

or contact our Communications Officer, Jillian Heffernan, on 01 896 3378
or call 01 8632000 and ask for the *Growing Up in Ireland* team

Visit our website: www.growingup.ie

Email: Email us at growingup@esri.ie

Post:

Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson's Quay,
Dublin 2



D4 Parent Consent Form

PARENT'S /GUARDIAN'S CONSENT FORM

Name of Child: _____ Child's Date of Birth: _____

(BLOCK CAPITALS PLEASE)

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to my child, and myself, being included in research being conducted for the *Growing Up in Ireland* study.
- I understand that the main aim of the project is to build a bank of information about the lives of children in Ireland today and into the future.
- I understand that a range of information will be collected, including information from my child, my child's other parent and my spouse or partner (where different) and my child's school Principal.
- I understand that the information provided by me and my family will have our names, address and other identifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.
- I understand that although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given by my child on the questionnaires or in direct interview questions, by my spouse/partner (if relevant), by my child's other parent (where different) or by my child's school Principal or teacher.
- I understand that if the interviewer observes anything which causes the people running the study concern about the welfare of the Study Child they may have to tell someone who can help.
- I understand that the results of the child's school tests and assessment tests are strictly confidential and I and my family will not have access to them. They will be used only for the purposes of the study.
- I understand that, because this study looks at children's development over time, I and my child may be asked to participate in a follow-up study in a few years time.
- I understand that I may withdraw my participation, and that of my child, at any time, including after the information has been collected.

Name of Parent/Guardian: _____

(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: _____

(BLOCK CAPITALS PLEASE) _____

Signature of Parent / Guardian: _____ Date: _____

Contact telephone: _____

If relevant:

Name of parent/guardian not resident in your household: _____

(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household: _____

(BLOCK CAPITALS PLEASE) _____

Signature of parent/guardian not resident in your household: _____

Date: _____

Contact telephone: _____

153 of 234

AREA: H'HOLD:

D5 Child/Young Person's Assent Form



YOUNG PERSON'S ASSENT FORM

Name: _____

Date of Birth: _____

School Name: _____
(CAPITALS LETTERS PLEASE)

- I would like to take part in *the Growing Up in Ireland* study. I have been given and have read the information leaflet and have talked to my parents about taking part.
- I understand my parents (or whoever looks after me) will also be interviewed about themselves and me.
- I understand that all the information I give on the questionnaire in answer to direct interview questions is strictly confidential and private and will not be seen by anyone else.
- I understand that if the interviewer observes anything which causes the people running the study to have concern about my welfare they may have to tell someone who can help.
- I understand that I do not have to answer any questions that I do not want to.
- I understand that I can stop taking part in the study at any time.

Signature: _____ Date: _____

AREA: H'HOLD:

D6 Parental Consent Form for Young Person Sensitive

PARENT'S /GUARDIAN'S CONSENT FORM – Child Sensitive Questionnaire

Name of Child: _____ Child's Date of Birth: _____
(BLOCK CAPITALS PLEASE)

In respect of the Child Sensitive Questionnaire:

- I consent to my child completing the questions in the Child Sensitive Questionnaire.
- I agree that the interviewer has provided me with a full and comprehensive explanation of the purpose and structure of the Child Sensitive Questionnaire and has shown me a copy of the blank questionnaire.
- I agree that I have been given an opportunity to ask any questions I may have in relation to the Child Sensitive Questionnaire, and that these questions have been answered to my satisfaction.
- I understand that neither I nor my spouse/partner (where relevant) will have access to the information given by my child in this questionnaire.
- I understand I will receive no feedback on the information which my child provides in answering this questionnaire *unless* my child specifically asks for help or assistance in regard to matters raised or the information provided by them causes the people running the study to be concerned.
- I understand that, as with all other parts of the *Growing Up in Ireland* study, the information collected as part of this questionnaire is strictly confidential and can be used only for research purposes.

Name of Parent/Guardian: _____
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: _____

(BLOCK CAPITALS PLEASE) _____

Signature of Parent / Guardian: _____ Date: _____

Contact telephone: _____

If relevant:

Name of parent/guardian not resident in your household: _____
(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household: _____

(BLOCK CAPITALS PLEASE) _____

Signature of parent/guardian not resident in your household: _____

Date: _____ Contact telephone: _____

GROUP: HHOLD:

D7 Family Structure Prompt Card

There are many different types of Family Situation. Could you please tell me which one best describes your Family Situation.

Family Situation	Questionnaire
A. Mother and Father together (biological / adoptive)	M and D
B. Mother and her partner – where Study Child has had contact with biological Father within the last 12 months	M, MP and D
C. Mother and her partner - where Study Child has <u>NOT</u> had contact with biological Father within the last 12 months	M and MP
D. Mother with no partner - where Study Child has had contact with biological Father within the last 12 months	M and D
E. Mother with no partner - where Study Child has <u>NOT</u> had contact with biological Father within the last 12 months	M
F. Father and his partner – where Study Child has had contact with biological Mother within the last 12 months	D, DP and M
G. Father and his partner - where Study Child has <u>NOT</u> had contact with biological Mother within the last 12 months	D and DP
H. Father with no partner - where Study Child has had contact with biological Mother within the last 12 months	D and M
I. Father with no partner - where Study Child has <u>NOT</u> had contact with biological Mother within the last 12 months	D

Appendix E: Questionnaires used in Home-based Fieldwork

E1 Primary Caregiver Main Questionnaire



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



University of Dublin
Trinity College
College Green
Dublin 2



GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

PRIMARY CAREGIVER QUESTIONNAIRE – 13-year

AREA HOUSEHOLD

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date
day mth year

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

Section A – Household Composition

A1a. [INTERVIEWER: I'd like to begin by speaking to <primary caregiver at time 1>. Is <primary caregiver at time 1> 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 1] 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 1> and <child> will be checked and edited where necessary and their residency in the household at time 2 confirmed.*****

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

Interviewer: Primary Caregiver should be on line 1. relevant).

Study Child should be on line 2. Secondary Caregiver on line 3 (if

[BLAISE CONDITION: IF ANY PERSON RESIDENT AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2: 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 1 - ADD THEM TO THE NEW GRID BELOW]

A3. Has anyone else joined the household since we last spoke and is currently living with you?

Yes 1

No 2

Go to A4

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

[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 1 PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT TIME 2.]

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 1 HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:

A6b. You mentioned that <spouse/partner> [identified at A2 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 [BLAISE INSTRUCTION - END OF THE INTERVIEW]

[INT: ARRANGE TO INTERVIEW RESIDENT SPOUSE/PARTNER AS THE PCG]

A6c. We would also like to interview you as the secondary caregiver of child on this occasion. Is that ok?

Yes 1 Go to A9a

No 2 [BLAISE INSTRUCTION - NO SECONDARY CARER QUESTIONNAIRE]

IF NEW HOUSEHOLD ENTRANT AT TIME 2 IDENTIFIES HIM/HERSELF AS THE PCG OF CHILD THEN ASK A6d

A6d. [Card A6d] Can you please tell me which of the following best describes your relationship to <child>?

[Interviewer use codes only]

Biological mother/ father 1

Grand parent 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

Go to A9a

IF PRIMARY CAREGIVER AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 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

Grand parent 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		Date of Birth	If DOB not available	Was this Person Resident at time 1?		Relationship of each member to mother and child.	(E) Show Card A2F							
		M	F			Y	N		Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other	
								<u>R'SHIP TO:</u> CARD A2E1 Mother	<u>R'SHIP TO:</u> CARD A2E2 Study Child							
51		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>	///		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>	///		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 the study child have any brother(s) or sister(s) who live outside the household? Please include full, half or step brothers or sisters?

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

Now I would like to ask you a few questions regarding the Study Child's health.

B. CHILD'S HEALTH

B1. [Card B1] In general, how would you describe <child's> health in the past year?

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

B2. Does <child> have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

B3. 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]

B4. Has this problem, illness or disability been diagnosed by a medical professional?

Yes ₁ No ₂

B5. Since when has <child> had this problem, illness or disability? _____ (mth) _____ (year)

B6. Is <child> hampered in his/her daily activities by this problem, illness or disability?

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

B7. In the past year has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes ₁ No ₂

B8. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? _____ N

B9. Has the child been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) over the last 12 months?

Yes ₁ No ₂

B10. Most children have accidents at some time. Has the Study Child ever had an accident or injury that required hospital treatment or admission?

Yes No ₂

B11. How many separate accidents has <child> ever had that required hospital treatment or admission? _____ accidents

B12. How many of these accidents involved bone fractures or breaks? _____

B13. About how many nights has the Study Child spent in hospital over his/her lifetime? (Exclude at time of birth) [INTERVIEWER: IF NONE, ENTER '0' - DO NOT LEAVE BLANK] _____ nights

B14. In the last 12 months how many visits has <Study Child> made to the A&E (Accident and Emergency) department of a hospital? [INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] _____ visits

B15. [Card B15] In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the <child's> physical, emotional or mental health? [Int. if 'none' write '0' do not leave blank]

	N times	Don't know	Refused
A general practitioner (GP)	_____ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> ₄	_____ <input type="checkbox"/> ₄
Another medical doctor e.g. in a hospital	_____ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> ₄
Other professional, psychologist, psychiatrist, counsellor etc.	_____ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> ₄
A social worker.....	_____ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> ₄

B17. [Card B17] Which of the following best describes how regularly <child> visits the dentist?

- At least once a year 1
- Once every two years 2
- Once every three years 3
- Only when there is a problem 4
- Never/almost never 5

B18. Has <child> ever had:

- | | Yes | No |
|-----------------------------|----------------------------|----------------------------|
| (a) Any teeth filled? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| (b) Any teeth pulled? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

B19. Does <child> usually have breakfast at home before going to school?

- Yes 1 No 2

B20. [Card B20] Which of these best describes <child's> weight?

[INT: ASK THE RESPONDENT TO USE CODES 1, 2, 3 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

B21. [Card B21] How far away is the school from your home (one-way distance)?

- Less than ½mile (1km)..... 1
- ½ to less than 1 mile (1-2km)..... 2
- 1-5 miles (2-8km) 3
- More than 5 miles away (8km)..... 4
- Attends boarding school 5

B22. [Card B22] How does <child> usually go to school?

- 1. He/she walks..... 1
- 2. By public transport 2
- 3. School bus/coach..... 3
- 4. By car 4
- 5. Rides a bicycle..... 5
- 6. Other (please describe) 6

C. RESPONDENT'S HEALTH

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

C1. [Card C1] In general, how would you say your current health is?

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

C2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

C3. 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.]

C4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

C5. Are you hampered in your daily activities by this problem, illness or disability?

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

C6. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after the Study Child?

In the past ₁ Currently ₂ No..... ₃

C7. Thinking about your free-time, in general would you say you are...

Very physically active..... ₁

Fairly physically active ₂

Not very physically active..... ₃

Not at all physically active..... ₄

C8. [Card C8] Do you think that you are:

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

C9. 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

C10. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

Yes, full card ₁ Yes, doctor only card..... ₂ Not covered..... ₃

C11. Is Study Child covered by private medical insurance?

Yes ₁ No..... ₂

C12. Does that insurance include the cost of GP visits?

Yes, in full ₁ Yes, partially..... ₂ No ₃

D. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the Study Child's emotional health and well-being.

D1. [Card D1] Looking at Card D1, has the Young Person experienced any of the following since we last interviewed you when he/ she was nine:

[INT: ASK THE RESPONDENT TO USE CODES 1, 2, 3 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- A. Death of a parent 1
- B. Death of a close family member (other than a parent) 2
- C. Death of close friend 3
- D. Divorce/separation of parents 4
- E. Moving house within Ireland 5
- F. Moving country 6
- G. Stay in foster home/ residential care 7
- H. Serious illness/injury 8
- I. Serious illness/injury of a family member 9
- J. Drug taking/alcoholism in the immediate family 10
- K. Mental disorder in immediate family 11
- L. Your house being broken into 12
- M. Conflict between parents 13
- N. Parent in prison 14
- O. Other disturbing event (please specify) 15
- P. None of the above 16

D2. [Card D2] Listed on Card D2, 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 | | | |

D3. [Card D3] Listed on card D3 are a number of personality traits that may or may not apply to your child. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to him/her, even if one characteristic applies more strongly than the other.

I see my child as:

Disagree strongly Disagree moderately Disagree a little Neither agree or disagree Agree a little Agree moderately Agree strongly

Extraverted, enthusiastic.....	<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
Critical, quarrelsome	<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
Dependable, self-disciplined	<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
Anxious, easily upset	<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
Open to new experiences, complex.....	<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
Reserved, quiet.....	<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
Sympathetic, warm	<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
Disorganized, careless.....	<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
Calm, emotionally stable.....	<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
Conventional, uncreative	<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

Time Section Ended

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 (24 hour clock)

Now I'd like to ask you some questions about the Study Child's education

E. CHILD'S EDUCATION – PAST AND CURRENT

E1a. What class is your child in now?

6th Class 1 Go to E4
 First Year..... 2 Go to E3
 Second Year 3 Go to E2
 Child is being home schooled..... 4 Go to E7
 Child attends a special school 5 Go to E7
 Child no longer attends school..... 6 Go to E10

E1b. What school does your child attend?

Name of school: _____

Full address of school: _____

E2. [Card E2] Here are some views about how your child settled into their new school. There are no right or wrong answers. For each statement please tick (✓) ONE BOX ONLY to show whether you agree or disagree with these views.

Strongly Agree Mostly agree Mostly disagree Strongly Disagree NA

My child settled well into secondary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child missed old friends from primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child was anxious about making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child coped well with the school work.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child made new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is involved in extra-curricular activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child gets too much homework at this school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E3. [Card E3] Here are some views about how your child is settling into their new school. There are no right or wrong answers. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

Strongly Agree Mostly agree Mostly disagree Strongly Disagree NA

My child is settling in well into secondary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child misses old friends from primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is anxious about making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is coping well with the school work.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child has made new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is involved in extra-curricular activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child gets too much homework at this school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E4. [Card E4] If your child is still in sixth class for each statement please tick (✓) ONE BOX ONLY to show whether you agree or disagree with these views.

Strongly Agree Mostly agree Mostly disagree Strongly disagree

My child is excited about starting secondary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child is looking forward to making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child has attended an Open Day at their new school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My child is nervous about moving to a new school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E5. Over the last 12 months, have you had any contact with the school? (Please include contact you have had with the child's current school or any other school the child attended in the last 12 months) [Please tick 'Yes' or 'No' to each.]

	Yes	No
A. You have attended a parent-teacher meeting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. You have attended a school concert, play or other event (such as sports day)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. You have been to see the principal or another teacher about child's behaviour or school performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. You have spoken to the principal or another teacher on the phone about child's behaviour or school performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2

E6a. [Card E6a] Looking at Card E6a, during the last 12 months, about how many days was Young Person absent from school for any reason? (Only include days the child was absent when the school was open e.g. do not include days missed because of the school being closed due to bad weather).

0 days.....	<input type="checkbox"/> 1	11 to 20 days.....	<input type="checkbox"/> 5
1 - 3 days	<input type="checkbox"/> 2	More than 20 days	<input type="checkbox"/> 6
4 to 6 days.....	<input type="checkbox"/> 3	Not in school last year.....	<input type="checkbox"/> 7
7 to 10 days.....	<input type="checkbox"/> 4		

E6b. [Card E6b] Looking at Card E6b, what was the main reason for Young Person being absent from school?

Health reasons (illness or injuries).....	<input type="checkbox"/> 1	A problem with a teacher	<input type="checkbox"/> 8
Problems with transportation	<input type="checkbox"/> 2	A problem with children at school.....	<input type="checkbox"/> 9
Problems with the weather.....	<input type="checkbox"/> 3	Difficulties with childcare arrangements	<input type="checkbox"/> 10
A family vacation.....	<input type="checkbox"/> 4	Family crisis	<input type="checkbox"/> 11
Refused to go to school	<input type="checkbox"/> 5	Child has left school.....	<input type="checkbox"/> 12
A fear of school (school phobia)	<input type="checkbox"/> 6	Other (specify)	<input type="checkbox"/> 13
Suspended from school	<input type="checkbox"/> 7		

E7 [Card E7] Looking at Card E7, how much time does the young person usually spend doing homework on a weekday?

0 to 30 minutes	<input type="checkbox"/> 1	2 to less than 3 hours	<input type="checkbox"/> 5
31 minutes to less than one hour.....	<input type="checkbox"/> 3	3 to less than 4 hours	<input type="checkbox"/> 6
1 to less than 1.5 hours.....	<input type="checkbox"/> 4	4 hours or more.....	<input type="checkbox"/> 7
1.5 to less than 2 hours.....	<input type="checkbox"/> 4		

E8a. How often do you or your spouse/partner provide help with the Young Person's homework? Would you say...[INT: READ OUT]

Always/ Nearly Always	Regularly	Now and Again	Rarely	Never	Never gets homework
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

E8b. Why is that?

Child doesn't need help	I don't have time	I am not able to help	Child doesn't want help	Someone else helps
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E9. [Card E9] Looking at Card E9, taking everything into account, how far do you expect the Young Person will go in his/her education or training?

Junior Certificate or equivalent	<input type="checkbox"/> 1
Leaving Certificate or equivalent	<input type="checkbox"/> 2
An apprenticeship or trade.....	<input type="checkbox"/> 3
Diploma/Certificate.....	<input type="checkbox"/> 4
Degree	<input type="checkbox"/> 5
Postgraduate/higher degree	<input type="checkbox"/> 6
Don't know	<input type="checkbox"/> 7

E10. About how many close friends does the Young Person have?

None.....	<input type="checkbox"/> 1	1	<input type="checkbox"/> 2	2 or 3.....	<input type="checkbox"/> 3	4 or 5	<input type="checkbox"/> 4	6 or more	<input type="checkbox"/> 5
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E11. To your knowledge, has the Young Person been a victim of bullying in the last 3 months?

Yes.....	<input type="checkbox"/> 1	No	<input type="checkbox"/> 2
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E12. [Card E12] Looking at Card E12, what form did the bullying take? [Int. tick all that apply]

A. Physical bullying	<input type="checkbox"/> 1	F. Sexual comments	<input type="checkbox"/> 6
B. Verbal bullying (name calling, hurtful slagging).....	<input type="checkbox"/> 2	G. Exclusion (being left out).....	<input type="checkbox"/> 7
C. Electronic (phone messaging, emails, Facebook, etc) ...	<input type="checkbox"/> 3	H. Gossip, spreading rumours.....	<input type="checkbox"/> 8
D. Graffiti/pinning up notes/passing notes in class.....	<input type="checkbox"/> 4	I. Threatened or forced to do things s/he didn't want to	<input type="checkbox"/> 9
E. Taking /damaging personal possessions	<input type="checkbox"/> 5	J. Other (specify).....	<input type="checkbox"/> 10

E13. [Card E13] How often did the bullying take place?

A. Once or twice.....	<input type="checkbox"/> 1
B. 2 or 3 times a month	<input type="checkbox"/> 2
C. About once a week.....	<input type="checkbox"/> 3
D. Several times a week	<input type="checkbox"/> 4

E14. Did this upset your child?

A. A lot.....	<input type="checkbox"/> 1
B. A little	<input type="checkbox"/> 2
C. Not at all	<input type="checkbox"/> 3

E15. [Card E15] Does <name> have any of the following conditions or disabilities? [Tick all that apply]

a. Physical disability or visual or hearing impairment	<input type="checkbox"/> 1
b. Specific learning disability (e.g. Dyslexia, Dyscalculia, Dyspraxia).....	<input type="checkbox"/> 2
c. General learning disabilities (Mild, Moderate, Severe/Profound)	<input type="checkbox"/> 3
d. Autism Spectrum Disorders (e.g. Autism, Aspergers syndrome)	<input type="checkbox"/> 4
e. Emotional or behavioural disorders (e.g. ADHD (Attention Deficit Hyperactivity Disorder)/ ADD	<input type="checkbox"/> 5
f. Mental health difficulty	<input type="checkbox"/> 6
g. Speech or language difficulty (including speech impediment)	<input type="checkbox"/> 7
h. Assessed Syndrome (e.g. Down Syndrome, Tourettes Syndrome)	<input type="checkbox"/> 8
i. Slow progress (reasons unclear)	<input type="checkbox"/> 9
j. Other (please specify)	<input type="checkbox"/> 10
k. None of the above	<input type="checkbox"/> 11

E16. Has this condition or disability been diagnosed by a medical professional?

Yes ₁ No ₂ Awaiting Consultation ₃

E17. What age was <child> when this condition or disability was first diagnosed? _____ years

[INT: If condition or disability was diagnosed at time of birth, code as '0']

Ask E18 only of respondents who ticked yes at E15e

E18. Has <child> been prescribed any medication for this condition (e.g. Ritalin, Abilify etc...)?

Yes ₁ No ₂

Ask E19 only of respondents who ticked yes at E15f

E19. Has <child> been prescribed any medication for this condition)?

Yes ₁ No ₂

Ask E20 only of respondents who ticked yes at E15G

E20. [Card E20] In which areas does <name> have difficulties? What speech problems does <name> have?

[TICK ALL THAT APPLY]

- A. Reluctant to speak ₁
- B. Speech not clear to the family ₂
- C. Speech not clear to others ₃
- D. Speech is developing slowly ₄
- E. Difficulty finding words ₅
- F. Difficulty putting words together ₆
- G. Voice sounds unusual ₇
- H. Stutters, stammers ₈
- I. Lisp or difficulty pronouncing certain letter combinations ₉
- J. Other (please specify) ₁₀
- K. Don't know ₉₉

E21. [Card E21] Please indicate if <name> receives support from any of the following [Tick all that apply]

In School

- | | |
|---|--|
| Resource Teaching/ Learning Support <input type="checkbox"/> ₁ | Behavioural Management Programme <input type="checkbox"/> ₇ |
| Special Needs Assistant <input type="checkbox"/> ₂ | School psychologist <input type="checkbox"/> ₈ |
| Technical Assistance <input type="checkbox"/> ₃ | National Educational Psychological Service <input type="checkbox"/> ₉ |
| Visiting Teacher <input type="checkbox"/> ₄ | Other (please specify) <input type="checkbox"/> ₁₀ |
| Transport Service <input type="checkbox"/> ₅ | Doesn't receive any supports <input type="checkbox"/> ₁₁ |
| Speech and Language Therapy <input type="checkbox"/> ₆ | |

E22. [Card E22] Please indicate if <name> receives support from any of the following [Tick all that apply]

Outside School

- | | |
|---|---|
| Speech and Language Therapy <input type="checkbox"/> ₁ | Psychiatrist <input type="checkbox"/> ₅ |
| Occupational Therapy <input type="checkbox"/> ₂ | Extra tuition/private tuition <input type="checkbox"/> ₆ |
| Physiotherapy <input type="checkbox"/> ₃ | Other (please specify) <input type="checkbox"/> ₇ |
| Psychologist <input type="checkbox"/> ₄ | Doesn't receive any supports <input type="checkbox"/> ₈ |

E23. In general, how adequate are the supports <name> receives for this/these condition(s) or disability(ies)

- Barely adequate ₁
- Adequate ₂
- Excellent ₃

E24. How many books does the young person have access to in the home? Would you say...[INT: READ OUT]

- | | |
|--|---|
| None <input type="checkbox"/> ₁ | 31 to 50 <input type="checkbox"/> ₄ |
| Less than 10 <input type="checkbox"/> ₂ | 51 to 100 <input type="checkbox"/> ₅ |
| 11 to 30 <input type="checkbox"/> ₃ | More than 100 <input type="checkbox"/> ₆ |

E25. [Card E25] On a typical weekday, who, if anyone, minds the <young person> between the time they finish school and 6pm in the evening? (Tick one only; if more than one indicate the type of care where the child spends most time or is the most frequently used)

- a. They come home and take care of themselves 1
- b. Minded at home by an older sibling 2
- c. Minded at home by you or your spouse/partner 3
- d. Minded at home by a relative 4
- e. Minded at home by another adult (not a relative) 5
- f. Attend an after-school program/club 6
- g. Hang out with friends 7
- h. Other (please specify) 8

F: FAMILY CONTEXT

Now some questions about your relationship with <Young Person>.

F1. [Show Card F1] Looking at Card F1, I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	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 himself/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

F2. [Show Card F2] The following are some questions on your knowledge of what the Young Person does in his/her free time, where he/she goes, and who he/she has as friends.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always
A. Do you know what Young Person does with his/her free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Do you know who he/she has as friends during he/she free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Do you usually know what type of homework he/she has. ..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Do you know what he/she spends he/she money on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Do you know when he/she has a test or homework due at school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. Do you know how he/she does in different subjects at school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. Do you know where he/she goes when out at night with friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Do you know where he/she goes and what he/she does after school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. How often in the last month have you had no idea					

where he/she was. 1 2 3 4 5

Disclosure subscale

F3. [Show Card F3] The following are some questions about how much Young Person actually tells you about what he/she is doing, without being asked.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always
A. Does he/she spontaneously tell you about his/her friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Does he/she want to tell you about school (how subjects are going; relationships with teachers etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Does he/she hide a lot from you about what he/she is doing during nights and weekends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Does he/she like to tell you what he/she has been doing and where they went when out for the evening.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

F4. [Show Card F4] Looking at Card F4, now I'd like to ask you about the time the Study Child spends with you including times when others are present. How many days per week do you:

	Every day / 7 days per week	3 to 6 days per week	1 to 2 days per week	1 to 2 times per month	Rarely or never
A. Sit down to eat together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Play sports, cards or games together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Talk about things together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Do household activities together (e.g. gardening, cooking, cleaning, etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Go on an outing together (e.g. going to the cinema, theatre, walking, shopping)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

F5. [Show Card F5] Looking at Card F5, how often does the Study Child get together with, see or spend time with the following people (excluding those living in your home)

	Quite a lot	Now and again	Rarely	Live Abroad	Doesn't have
A. Grandparents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Uncles/Aunts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Cousins	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Other family members/ close family friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

F6. [Show Card F6] Please tell me how strongly you agree or disagree with the following.

	Strongly Disagree	Disagree	Neither Agree nor disagree	Agree	Strongly Agree	NA
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 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

F7. How fairly or unfairly would you say the household tasks are distributed between you and your partner? Would you say...[INT: READ OUT]

Very unfairly 1 Quite unfairly 2 Fairly 3 Don't have partner. 4

F8. [Show Card F8] I would now like to ask some questions about the Study Child's behaviour over the last 12 months. Please tell me the extent to which the following statements apply:

Not at all Once 2-5 times 6 or more times

- | | | | | |
|---|----------------|----------------|----------------|----------------|
| A. Often started fights or bullies, threatens or intimidates others | □ ₁ | □ ₂ | □ ₃ | □ ₄ |
| B. Has used a weapon that could cause serious physical harm
to others (eg, a bat, brick, broken bottle, knife) | □ ₁ | □ ₂ | □ ₃ | □ ₄ |
| C. Has been physically cruel to other people | □ ₁ | □ ₂ | □ ₃ | □ ₄ |
| D. Has been physically cruel to animals | □ ₁ | □ ₂ | □ ₃ | □ ₄ |
| E. Deliberately destroyed or damaged property | □ ₁ | □ ₂ | □ ₃ | □ ₄ |
| F. Has broken into someone else's house, building or car | □ ₁ | □ ₂ | □ ₃ | □ ₄ |
| G. Has lied to obtain goods or favours (i.e., 'cons' others) | □ ₁ | □ ₂ | □ ₃ | □ ₄ |
| H. Has stolen items of value without confronting a victim
(e.g., shoplifting, but without breaking and entering) | □ ₁ | □ ₂ | □ ₃ | □ ₄ |
| I. Has stayed out at night despite parental prohibitions | □ ₁ | □ ₂ | □ ₃ | □ ₄ |
| J. Has run away from home overnight at least twice while
living in parental home (or once for a lengthy period) | □ ₁ | □ ₂ | □ ₃ | □ ₄ |
| K. Has truanted from school | □ ₁ | □ ₂ | □ ₃ | □ ₄ |

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

G: SOCIO-DEMOGRAPHICS

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

Now some questions about the circumstances of your household.

G1. Does your accommodation have access to a garden or common space (either private or shared)?

Yes □₁ No □₂

G2. [Card G2] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?

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

G3. [Card G3] 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 'O']

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

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT TIME 1 BUT IS WORKING AT TIME 2 ASK G4a]

G4a. When did you return to work? _____ mth _____ year

**G5. 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**

**G6. 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]

G7. [Card G7] 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

G8. Do you supervise or manage any personnel in your job?

Yes 1 No 2

G9. How many? _____

G10. How many employees (if any) do you have? _____ employees N A 99

G11. [Ask only if Farmer at G3.] How many acres do you farm? _____ acres

Go to G23

G12. Apart from holiday or casual work, have you ever had a full-time job? Yes .. 1 No .. 2 **Go to G19**

G13. In what year did you last work in that full-time job? _____ year

G14. 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

G15. [Card G15] 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

G16a. Did you supervise or manage any personnel in your job?

Yes 1 No 2

G16b. How many? _____

G17. How many employees (if any) did you have? _____ employees N A 99

G18. [Ask only if Farmer at G14] How many acres do you farm? _____ acres

G19. Do you currently have a part time job outside the home? Yes ₁ No..... ₂ Go to G22

G20. On average, how many hours per week do you work in that part-time job? _____ hours

G21. [Card G21] What is your occupation in that job?

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

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

Do not use general terms such as:
 MANAGER
 TEACHER
 ENGINEER

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

Write in your main OCCUPATION

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

Go to G23

G22. [Card G22] 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 (specify) _____

Go to G23

G23. [Card G23] What is the occupation of your spouse / partner? [If not currently employed, please record last occupation]

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, how many acres do you farm? _____ acres]

HOUSEHOLD INCOME

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

G24. [Card G24] Looking at Card G24, 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]

G25. [Card G24] 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

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

G26. [Card G26] 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 G27. IF EXACT FIGURE GIVEN GO TO G29]

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

G27. [Card G27] I know that it is difficult to give an exact figure for household income but on Card G27 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI only? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI. [Int: Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

<i>Per Week</i>	<i>Per Month</i>	<i>Per Year</i>	<i>Category</i>
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> → Section A, Card G27
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000 ...	B <input type="checkbox"/> → Section B, Card G27
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000 ...	C <input type="checkbox"/> → Section C, Card G27
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000 ...	D <input type="checkbox"/> → Section D, Card G27
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000 ...	E <input type="checkbox"/> → Section E, Card G27
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000 ...	F <input type="checkbox"/> → Section F, Card G27
€926 to under €1,150	€4,001 to under €5,000	€48,001 to under €60,000 ...	G <input type="checkbox"/> → Section G, Card G27
€1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000 ...	H <input type="checkbox"/> → Section H, Card G27
€1,501 to under €1,850	€6,501 to under €8,000	€78,001 to under €96,000 ...	I <input type="checkbox"/> → Section I, Card G27
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> → Section J, Card G27
Refused.....	<input type="checkbox"/> ₇₇ GO TO G29	Don't Know.....	<input type="checkbox"/> ₈₈ GO TO G28

G28. [Card G28] Would that be [Int: Show Card G30 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

G29. Does anyone in your household currently receive any other Social Welfare payments?

Yes 1 No 2

G30. [Card G30] Now I'd like to record information on any Social Welfare payments which are received by ANYONE in the household. Looking at Card G30, 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 or Widower's (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 Parent Grant	<input type="checkbox"/> 13	One-Parent Family Payment	<input type="checkbox"/> 17
Widow's or Widower's (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		

G31. Does anyone in your household currently receive rent or mortgage supplement? Yes... 1 No... 2

G32. How much does the household receive PER WEEK in rent or mortgage supplement? €-----

G33. Do you receive or have you received in the last 12 months, any of the following payments? [Tick all that apply]

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

G34. [Card G34] Looking at Card G34 and thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?

- | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| None | Less than 5 % | 5% to less than 20% | 20% to less than 50% | 50% to less than 75% | 75% to less than 100% | 100% |
| <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 |

G35. [Card G35] 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 |

G36. [Card G36] A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

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

G37. 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?)

- Yes1 No2

G38a. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

- Yes1 No2

G38b. [Card G38b] Why was that?

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

G39a. Does your family have a car?

- Yes1 No2

G39b. Would your family like to have a car but you cannot afford it?

- Yes1 No2

G40. Since our last interview when <child> was 9 years old we have had major changes in the economy with the recession, cutbacks and unemployment. Would you say that the recession has had:

**A very significant effect
on your family**

**A significant effect
on your family**

**A small effect
on your family**

**No effect at all
on your family**

 1

 2

 3

 4

G41. [Card G41] How has it affected your family? [Int: tick all that apply]

1. You were made redundant / lost your job 1
2. Your spouse/partner were made redundant / lost their job 2
3. Your or your spouse/partner's working hours were reduced 3
4. Your or your spouse/partner's wages were reduced 4
5. Your or your spouse/partner's social welfare benefits were reduced 5
6. Your family can't afford luxuries (holidays, meals out etc) 6
7. Your family can't afford / had to cut back on basics (food, clothes) 7
8. You are behind with rent / mortgage payments 8
9. You are behind with utility bills (e.g. electricity, gas bills etc) 9
10. Other (please specify) 10

Section H – About You

Now some more questions about yourself

H1. [Card H1] 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).
6. Both Upper Secondary and Technical or Vocational qualification 6

Third Level

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

H2. At what age did you leave full-time education for the first time? _____ years

[INTERVIEWER: Code as '0' if respondent never undertook full-time education]

H3. What is <child's> first language?

- English 1 Irish 2 Other (please specify) 3

[BLAISE CONDITION: ASK H4 – H6 IF NEW RESPONDENT AT TIME 2, NON-RESPONDENT AT TIME 1 OR OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 1]

H4. 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

H5. Can I just check, can you read aloud to a child from a children's story book written in English?

- Yes 1 No 2

H6. Can you usually read and fill out forms you might have to deal with in English?

- Yes 1 No 2

[BLAISE CONDITION: ASK H7 IF NEW RESPONDENT AT TIME 2, NON-RESPONDENT AT TIME 1 OR OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT TIME 1]

H7. 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

[BLAISE CONDITION: ONLY ASK QUESTION H8 -H9 IF NEW RESPONDENT AT TIME 2 OR NON-RESPONDENT AT WAVE 1]

H8. Do you belong to any religion?

Yes 1 No..... 2

H9. [Card H9] 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

[ONLY ASK H10 – H15 IF NEW RESPONDENT AT TIME 2 OR NON-RESPONDENT AT WAVE 1]

H10. Are you a citizen of Ireland? Yes..... 1 No 2

H11. What citizenship do you hold? _____

H12. Were you born in Ireland? Yes..... 1 No 2

H13. In which country were you born? _____

H14. 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 |

H15. [Card H15] Looking at card H15, 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

J. Neighbourhood / Community

Time Section Started (24 hour clock)

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

J1. How long have you lived in your local area? _____ years OR _____ months

J2. Do you intend to continue living in Ireland?

Yes 1 No..... 2

J3. How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common, fairly common, not very common, or not at all common.

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

J4. [Card J4] To what extent do you agree or disagree with these statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
This is a safe area for my 13 year old.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
It is safe for me to walk alone in this area after dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
As a family we are happy living in this area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We as a family intend to continue living in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are places in this area where teenagers can safely hang out.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are facilities such as youth clubs, swimming clubs, sports clubs, for teenagers in this area.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E2 Primary Caregiver Sensitive Questionnaire



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

Primary Caregiver – SUPPLEMENTARY SECTION, 13-Year

AREA HHOLD

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date ____ ____ ____
day mth year

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

X1. Are you male or female?

Male.....₁ Female₂

X2. What is your date of birth? ____/____/____
DD / MM / YYYY

[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK AS1 – AS3]:

AS1. Can you please tell me why <Person at Wave 1> is no longer resident in the household.

- He/she is deceased₁
- We separated/divorced₂
- He/she moved out to set up own household.. ₃
- Long-term absence (e.g. hospital, prison, military service abroad).....₄
- Other (please specify).....₅

AS2. When did <Person from Wave 1> stop living with you: Since what year? [YYYY]

AS3. When did <Person from Wave 1> stop living with you: Since what month? _____ mth

S1. Are you the biological parent of <child>?

Yes.....₁ → Go to S12 No.....₂ → Go to S2

S2. Are you the adoptive parent of <child>?

Yes.....₁ No.....₂ → Go to S7

S3. Was that a domestic or an inter-country adoption?

Domestic.....₁

Inter-country₂

S4. Was this a within family adoption?

Yes ₁ No ₂

S5. From which country?

S6. What age was <child> when you adopted him/ her? _____ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <child>?

Yes.....1

No.....2 → Go to S12

S8. How long has <child> been with your family? _____ months

S9. Do you anticipate that this will be a long-term foster placement? Yes1 No2

S10. How many previous foster placements has <child> been in? _____ previous placements DK...99

S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care?

Another foster family1

Own family.....2

Institutional care3

NOW PLEASE GO TO S12

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status?

Married and living with husband / wife1 **Go to S16**

Married and separated from husband / wife2 **Go to S13**

Divorced3 **Go to S13**

Widowed4 **Go to S13**

Never married5 **Go to S15**

S13. In what year did you marry your (former) spouse? _____(year)

S14. Since when have you been living apart / spouse deceased? _____(year)

S15. May I just check whether you are currently living with someone in the household as a couple?

Yes.....1

No2 **Go to S21**

S16. Since when have you and your spouse or partner been living together? _____ (mth) _____(year)

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

Most days.....1→Go to S18

At least once a week.....2→Go to S18

Less than once a week.....3→Go to S18

Hardly ever.....4→Go to S18

Never.....5→Go to S19

S18. When you and your partner argue, how often do you

Almost never/
Never Not very
often Sometimes Often Almost always/
always

Shout or yell at each other.....1.....2.....3.....4.....5

Throw something at each other.....1.....2.....3.....4.....5

Push, hit or slap each other.....1.....2.....3.....4.....5

S19. How often would you say the following happen in your relationship?

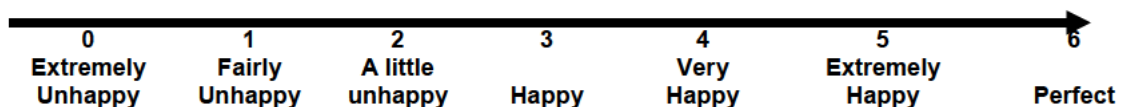
All the
Time Most of
the time More often
than not Occasionally Rarely Never

You discuss or have considered divorce,
separation, or terminating your relationship.....1.....2.....3.....4.....5.....6

You think that things between you and your
partner are going well.....1.....2.....3.....4.....5.....6

You confide in your mate.....1.....2.....3.....4.....5.....6

S20. The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.



S21a. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and the Study Child right now. Remember, there no right or wrong answers, just try to be as honest as possible

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. Caring for my child sometimes takes more time and energy than I have to give.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. I sometimes worry whether I am doing enough for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. The major source of stress in my life is my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. Having child leaves little time and flexibility in my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. Having child has been a financial burden.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[BLAISE CONDITION: ASK S22 ONLY OF FEMALE RESPONDENTS]

S22. Are you currently pregnant? Yes.....1 No.....2

S23. Which of the following best describes how often you usually drink alcohol?

1. Never.....	<input type="checkbox"/> 1
2. Less than once a month.....	<input type="checkbox"/> 2
3. 1-2 times a month.....	<input type="checkbox"/> 3
4. 1-2 times a week.....	<input type="checkbox"/> 4
5. 3-4 times a week.....	<input type="checkbox"/> 5
6. 5-6 times a week.....	<input type="checkbox"/> 6
7. Every day.....	<input type="checkbox"/> 7

If currently drink alcohol between everyday and 1-2 times a week ask:
S24. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

(a) Pints of Beer/Cider ____ **(b) Glasses of Wine** ____
(c) Measures of Spirits ____ **(d) Bottles of alcopops** ____

For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

[ASK S25a ONLY OF FEMALE RESPONDENTS]

S25a. How often do you have 6 or more alcoholic drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[ASK S25b ONLY OF MALE RESPONDENTS]

S25b. How often do you have 8 or more alcoholic drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S25c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S25d. How often during the last year have you failed to do what was expected of you because of drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S25e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No.....1 Yes, on one occasion.....2 Yes on more than one occasion.....3

S26. Do you currently smoke daily, occasionally or not at all?

Daily ₁ Occasionally ₂ Not at all ₃

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

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

S28. Including yourself, how many members of the household smoke? ____ N

S29. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Regularly..... ₁ Occasionally ₂ Not at all ₃

S30a. Since the time of the last interview when <child> was 9 years of age, have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?

Yes..... ₁ No..... ₂

S30b. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?

Yes..... ₁ No..... ₂

S31. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way *during the past week*.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
a. I felt I could not shake off the blues even with help from my family or friends.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. I felt depressed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. I thought my life had been a failure	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. I felt fearful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. My sleep was restless.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. I felt lonely.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. I had crying spells	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. I felt sad.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

S32. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) (other than for traffic offences)?

Yes..... ₁ No..... ₂ → Go to S34

S33. Have you ever been to prison? Yes ₁ No ₂

S34. To the best of your knowledge, has <child> ever tried?

	Yes, and I know about it	Probably	Possibly	I don't think so
A. Alcohol	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. Cigarettes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. Cannabis/Marijuana	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

S35. Have you spoken to your child personally about the following sexual health issues?

	Yes	No
1. Sex and sexual intercourse.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. Sexual feelings, relationships and emotions.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3. Contraception.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4. Safer sex/sexually transmitted infections/ venereal diseases	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5. Sexual orientation (eg. Homosexuality, heterosexuality etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

S36. Can we check, does <child's> biological father/ mother live here with you or elsewhere?

- Lives here.....1 → **Go to S48**
Deceased.....2 → **Go to S48**
Temporarily lives elsewhere3 → **Go to S48**
Lives elsewhere4 → **Go to S37**

S37. Were you ever married to or did you ever live with <child's> biological father / mother?

- Yes, married to...1 Yes, lived with.....2 No 3 **Go to S39** Adoptive / Foster parent 4 **Go to S48**

S38. What age was the Study Child when you split or separated from their biological father / mother?

S39. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

- Formal.....1 Informal.....2 No parenting arrangement ...3

S40. Briefly describe that arrangement

S41. How did you arrive at that arrangement?

- Court imposed arrangements1
Formal negotiated arrangements other than legal (e.g. counsellor).....2
Mutual agreement with no third party negotiator3

S42. How far does <child's> biological father / mother live from here?

- Within ½ hour's drive from here1 More than 1 hour's drive from here.....3
Between ½ and 1 hour's drive from here..2 Outside the country.....4

S43. How often does <child> have contact with his / her biological father / mother?

- Daily1 Monthly5
Once or twice a week.....2 Less than once a month6
Weekly3 No contact.....7
Every second week / weekend4

S44. Does <child's> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

- No, he/she never makes any payment1
Yes, he/she makes a regular payment2
Yes, he/she makes payments from time to time.....3

S45. How often do you talk to <child's> biological father/ mother about <child>?

- Every day 1 Several times a week 2 About once a week 3 A few times a month 4 Several times a year 5 Never 6

S46. How well do you get on with <child's> biological father/ mother? Would you say your relationship is?

- Very positive 1 Positive 2 Neither positive nor negative 3 Somewhat negative 4 Very negative 5

S47. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?

- Yes1
No, I do not wish other parent to be contacted2
No, I do not have contact details for other parent3

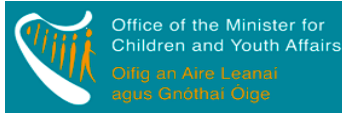
Please give contact details

S48. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.

E3 Secondary Caregiver Main Questionnaire



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



University of Dublin
Trinity College
College Green
Dublin 2



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
SECONDARY CAREGIVER QUESTIONNAIRE – 13YR

AREA

HOUSEHOLD

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date _____ day _____ mth _____ year

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

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

Section A - Introduction

[A1 – BLAISE INSTRUCTION – ASK A1 IF NEW PARTNER AT TIME 2 OR SECONDARY CAREGIVER WAS NON RESPONDENT AT TIME 1]

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

Section B - Parental Health

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

B1. [CARD B1] In general, how would you say your current health is?

- Excellent..... 1
- Very good..... 2
- Good
- Fair
- Poor.....

B2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes 1 No 2

B3. 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.]

B4. Since when have you had this problem, illness or disability? _____ (year) _____ (month)

B5. Are you hampered in your daily activities by this problem, illness or disability?

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

B6. Thinking about your free-time, in general would you say you are...

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

C: FAMILY CONTEXT

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

C1. [Card C1] I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

- | | Definitely does not apply | Not really | 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 himself/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 |

Disclosure subscale

C3. [CARD C3] The following are some questions about how much Young Person actually tells you about what he/she is doing, without being asked.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always
A. Does he/she spontaneously tell you about his/her friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Does he/she want to tell you about school (how subjects are going; relationships with teachers etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Does he/she hide a lot from you about what he/she is doing during nights and weekends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Does he/she like to tell you what he/she has been doing and where they went when out for the evening.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C4. [CARD C4] Please tell me how strongly you agree or disagree with the following.

	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 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

**C5. How fairly or unfairly would you say the household tasks are distributed between you and your partner?
Would you say...[INT: READ OUT]**

Very unfairly 1 Quite unfairly 2 Fairly 3 Don't have partner. 4

C6. [Show Card C6] I'd like to ask you about the time the Study Child spends with you including times when others are present. How many days per week do you:

	Every day / 7 days per week	3 to 6 days per week	1 to 2 days per week	1 to 2 times per month	Rarely or never
A. Sit down to eat together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Play sports, cards or games together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Talk about things together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Do household activities together (e.g. gardening, cooking, cleaning, etc).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Go on an outing together (e.g. going to the cinema, theatre, walking, shopping)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C7. In general, would you describe yourself as a religious or spiritual person?

Not at all 1 A little..... 2 Quite..... 3 Very much so..... 4 Extremely..... 5

C8. Thinking of an average school day, what amount of time in total would you say you spend with the Study Child either alone or with others (this could be watching TV, going shopping etc)

_____ hours _____ minutes

C7b. And thinking of an average weekend, what amount of time in total would you say you spend with the Study Child either alone or with others (this could be watching TV, going shopping etc)

_____ hours _____ minutes

Time Section Ended (24 hour clock)

D: SOCIO-DEMOGRAPHICS

Time Section Started (24 hour clock)

Now some questions about the circumstances of your household.

D1. [Card D1] Looking at Card D1, 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 (specify) | <input type="checkbox"/> 10 |

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT WAVE 1 BUT IS WORKING AT WAVE 2 OR RESPONDENT ON MATERNITY LEAVE AT WAVE 1 BUT IS WORKING AT WAVE 2 ASK D2a:]

D2a. When did you return to work? _____ mth _____ year

D3. 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

D4. On a typical work day, how much time in total do you spend commuting to and from work (outward and return journey combined)?

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

D5. [Card D5] 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

D6. Do you supervise or manage any personnel in your job?

Yes 1 No 2

D7. How many?

D8. How many employees (if any) do you have? _____ employees N A 99

D9. [Ask only if Farmer at D1.] What is the acreage of the farm? _____ acres

D10. Apart from holiday or casual work, have you ever had a full-time job? Yes ... 1 No... 2 **Go to D15**

D11. In what year did you last work in that full-time job? _____ year

D12. 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

D13. [Card D13] What was your occupation in that job? (What did you mainly do in your job?) Please describe as fully as possible

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

D14a. Did you supervise or manage any personnel in your job?

Yes 1 No 2

D14b. How many? _____

D15. How many employees (if any) did you have? _____ employees N A 99

D16. [Ask only if Farmer at D12] What was the acreage of the farm? _____ acres

D17. Do you currently have a part time job outside the home? Yes 1 No..... 2 **Go to D20**

D18. On average, how many hours per week do you work in that part-time job? _____ hours

D19. [Card D19] What is your occupation in that job?

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

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

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

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

Write in your main OCCUPATION

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

D20. [Card D20] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

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

E: ABOUT YOU

Now some more questions about yourself

E1. [Card E1] 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).
6. Both Upper Secondary and Technical or Vocational qualification 6

Third Level

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

E2. At what age did you leave full-time education for the first time? _____ years

[INTERVIEWER: Code as '0' if respondent never undertook full-time education]

[BLAISE CONDITION: ASK E3-E5 ONLY OF NEW RESPONDENTS OR THOSE WHO INDICATED LITERACY WAS A PROBLEM AT WAVE 1]

E3. 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

E4. Can I just check, can you read aloud to a child from a children's story book written in English?

- Yes 1 No..... 2

E5. Can you usually read and fill out forms you might have to deal with in English?

- Yes 1 No..... 2

[BLAISE CONDITION: ASK E6 ONLY OF NEW RESPONDENTS OR THOSE WHO INDICATED LITERACY WAS A PROBLEM AT WAVE 1]

E6. 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

E7. Do you belong to any religion?

- Yes 1 No..... 2

[BLAISE CONDITION: ONLY ASK QUESTION E8 IF NEW RESPONDENT AT THIS WAVE]

E8. [Card E8] Which religion?

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

E9. Are you a citizen of Ireland? Yes..... 1 No 2

E10. What citizenship do you hold? _____

E11. Were you born in Ireland? Yes..... 1 No 2

E12. In which country were you born? _____

E13. 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

E14. [Card E14] 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

E4 Secondary Caregiver Sensitive Questionnaire



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

Secondary Caregiver – SUPPLEMENTARY SECTION, 13-Year

AREA HHOLD

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date _____
day mth year

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.**

X1. Are you male or female?

Male.....1 Female2

X2. What is your date of birth? ____/____/____
DD / MM / YYYY

S1. Are you the biological parent of <child>?

Yes.....1 → Go to S12 No.....2 → Go to S2

S2. Are you the adoptive parent of <child>?

Yes.....1 No.....2 → Go to S7

S3. Was that a domestic or an inter-country adoption?

Domestic.....1

Inter-country2

S4. Was this a within family adoption?

Yes 1 No 2

S5. From which country?

S6. What age was <child> when you adopted him/ her? _____years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <child>?

Yes.....1 No.....2 → Go to S12

S8. How long has <child> been with your family? _____ months

S9. Do you anticipate that this will be a long-term foster placement? Yes1 No2

S10. How many previous foster placements has <child> been in? _____previous placements DK...99

S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care?

Another foster family1 Own family.....2 Institutional care3

NOW PLEASE GO TO S12

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status?

- Married and living with husband / wife 1 **Go to S16**
- Married and separated from husband / wife 2 **Go to S13**
- Divorced 3 **Go to S13**
- Widowed 4 **Go to S13**
- Never married 5 **Go to S15**

S13. In what year did you marry your (former) spouse? _____(year)

S14. Since when have you been living apart / spouse deceased? _____(year)

S15. May I just check whether you are currently living with someone in the household as a couple?

- Yes..... 1 No 2 **Go to S21**

S16. Since when have you and your spouse or partner been living together? _____ (mth) _____(year)

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days..... 1 **→Go to S18**
- At least once a week 2 **→Go to S18**
- Less than once a week 3 **→Go to S18**
- Hardly ever 4 **→Go to S18**
- Never..... 5 **→Go to S19**

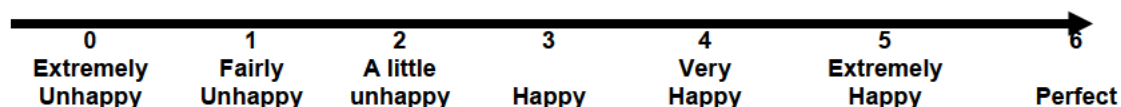
S18. When you and your partner argue, how often do you

- | | | | | | |
|-------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Almost never/
Never | Not very
often | Sometimes | Often | Almost always/
always |
| Shout or yell at each other | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Throw something at each other | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Push, hit or slap each other | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S19. How often would you say the following happen in your relationship?

- | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | All the
Time | Most of
the time | More often
than not | Occasionally | Rarely | Never |
| You discuss or have considered divorce,
separation, or terminating your relationship..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| You think that things between you and your
partner are going well | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| You confide in your mate | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S20. The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.



S21a. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and the Study Child right now. Remember, there no right or wrong answers, just try to be as honest as possible

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Strongly
Disagree | Disagree | Not Sure | Agree | Strongly
Agree |
| 1. Caring for my child sometimes takes more time and energy than I have to give. | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. I sometimes worry whether I am doing enough for my child. | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. The major source of stress in my life is my child. | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. Having child leaves little time and flexibility in my life..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. Having child has been a financial burden | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. It is difficult to balance different responsibilities because of my child. | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

[BLAISE CONDITION: ASK S22 ONLY OF FEMALE RESPONDENTS]

S22. Are you currently pregnant? Yes.....1 No.....2

S23. Which of the following best describes how often you usually drink alcohol?

- 1. Never.....1
- 2. Less than once a month.....2
- 3. 1-2 times a month.....3
- 4. 1-2 times a week.....4
- 5. 3-4 times a week.....5
- 6. 5-6 times a week.....6
- 7. Every day.....7

If currently drink alcohol between everyday and 1-2 times a week ask:
S24. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

(a) Pints of Beer/Cider ____ **(b) Glasses of Wine** ____
(c) Measures of Spirits ____ **(d) Bottles of alcopops** ____

For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

[ASK S25a ONLY OF FEMALE RESPONDENTS]

S25a. How often do you have 6 or more alcoholic drinks on one occasion?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

[ASK S25b ONLY OF MALE RESPONDENTS]

S25b. How often do you have 8 or more alcoholic drinks on one occasion?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S25c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S25d. How often during the last year have you failed to do what was expected of you because of drinking?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S25e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- No.....1 Yes, on one occasion.....2 Yes on more than one occasion.....3

S26. Do you currently smoke daily, occasionally or not at all?

- Daily.....1 Occasionally.....2 Not at all.....3

S27. About how many cigarettes or cigars do/did you smoke on average each day?

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

S28. Including yourself, how many members of the household smoke? ____N

S29. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

- Regularly.....1 Occasionally.....2 Not at all.....3

S30a. Since the time of the last interview when <child> was 9 years of age, have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?

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

S30b. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?

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

S31. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way *during the past week*.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
a. I felt I could not shake off the blues even with help from my family or friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I felt depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. I thought my life had been a failure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I felt fearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. My sleep was restless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. I felt lonely.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. I had crying spells	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. I felt sad.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

S32. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) (other than for traffic offences)?

Yes.....1 No.....2 → Go to S34

S33. Have you ever been to prison? Yes1 No 2

S34. To the best of your knowledge, has <child> ever tried?

	Yes, and I know about it	Probably	Possibly	I don't think so
A. Alcohol.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Cannabis/Marijuana	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

S35. Have you spoken to your child personally about the following sexual health issues?

	Yes	No
1. Sex and sexual intercourse.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. Sexual feelings, relationships and emotions.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. Contraception.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. Safer sex/sexually transmitted infections/ venereal diseases	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. Sexual orientation (eg. Homosexuality, heterosexuality etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

S36. Can we check, does <child's> biological father/ mother live here with you or elsewhere?

- Lives here.....1 → Go to S48
- Deceased.....2 → Go to S48
- Temporarily lives elsewhere.....3 → Go to S48
- Lives elsewhere.....4 → Go to S37

S37. Were you ever married to or did you ever live with <child's> biological father / mother?

Yes, married to...1 Yes, lived with...2 No 3 Go to S39 Adoptive / Foster parent 4 Go to S48

S38. What age was the Study Child when you split or separated from their biological father / mother?

S39. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

Formal.....1

Informal.....2

No parenting arrangement ...3

S40. Briefly describe that arrangement

S41. How did you arrive at that arrangement?

Court imposed arrangements1

Formal negotiated arrangements other than legal (e.g. counsellor).....2

Mutual agreement with no third party negotiator3

S42. How far does <child's> biological father / mother live from here?

Within ½ hour's drive from here1

More than 1 hour's drive from here.....3

Between ½ and 1 hour's drive from here..2

Outside the country.....4

S43. How often does <child> have contact with his / her biological father / mother?

Daily1

Monthly5

Once or twice a week.....2

Less than once a month6

Weekly3

No contact.....7

Every second week / weekend4

S44. Does <child's> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment1

Yes, he/she makes a regular payment2

Yes, he/she makes payments from time to time.....3

S45. How often do you talk to <child's> biological father/ mother about <child>?

Every day
1

Several times a
week
2

About once a
week
3

A few times a
month
4

Several times a
year
5

Never
6

S46. How well do you get on with <child's> biological father/ mother? Would you say your relationship is?

Very
positive
1

Positive
2

Neither positive nor
negative
3

Somewhat
negative
4

Very negative
5

S47. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?

Yes1

No, I do not wish other parent to be contacted2

No, I do not have contact details for other parent3

Please give contact details

S48. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.

E5 **Child/Young Person Main Questionnaire
including Piers Harris**



GROWING UP IN IRELAND – the national longitudinal study of children
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YOUNG PERSON MAIN QUESTIONNAIRE

AREA

HHOLD

Interviewer Name _____ Interviewer Number

Date _____
Day mth year

Welcome to the *Growing Up in Ireland* study and thank you for helping us by filling in the questionnaires. We want to find out what it is like to be a 13 year old in Ireland today. Your answers will help to plan things for young people like yourself.

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.

TIME QUESTIONNAIRE BEGAN

_____ (hour) _____ (mins)

Q1. How do you feel about school? [Tick one]

- I like it very much 1
- I like it quite a bit 2
- I like it a bit 3
- I don't like it very much 4
- I hate it 5

Q2a. Please tick the subjects you are studying in school at the moment: For Irish, English and Maths please tick which level you are studying.

- | | | | |
|---|---|---|--|
| Irish Higher <input type="checkbox"/> 1 | Ordinary <input type="checkbox"/> 2 | Foundation <input type="checkbox"/> 3 | Not sure yet..... <input type="checkbox"/> 4 |
| English Higher <input type="checkbox"/> 1 | Ordinary <input type="checkbox"/> 2 | Foundation <input type="checkbox"/> 3 | Not sure yet..... <input type="checkbox"/> 4 |
| Mathematics Higher <input type="checkbox"/> 1 | Ordinary <input type="checkbox"/> 2 | Foundation <input type="checkbox"/> 3 | Not sure yet..... <input type="checkbox"/> 4 |
| History..... <input type="checkbox"/> 1 | | | |
| Geography <input type="checkbox"/> 1 | | | |
| French <input type="checkbox"/> 1 | | | |
| German <input type="checkbox"/> 1 | | | |
| Spanish <input type="checkbox"/> 1 | | | |
| Italian <input type="checkbox"/> 1 | | | |
| Art, Craft & Design..... <input type="checkbox"/> 1 | | | |
| Music Science (with Local Studies) <input type="checkbox"/> 1 | | | |
| Home Economics <input type="checkbox"/> 1 | | | |
| Materials Technology (Wood)..... <input type="checkbox"/> 1 | | | |
| Metalwork <input type="checkbox"/> 1 | | | |
| Technical Graphics..... <input type="checkbox"/> 1 | | | |
| Business Studies <input type="checkbox"/> 1 | | | |
| Typewriting <input type="checkbox"/> 1 | | | |
| Environmental and Social Studies (ESS) <input type="checkbox"/> 1 | | | |

- Technology 1
- Latin 1
- Ancient Greek Classical Studies 1
- Hebrew Studies 1
- Religious Education 1
- Civic, Social and Political Education (CSPE) 1
- Physical Education 1
- Social, Personal and Health Education (SPHE) ... 1
- Computers 1
- Other please specify 1

Q2b. What is your favourite subject? _____

Q2c. What is your least favourite subject? _____

Q3. How many of your friends from primary school are in your secondary school?

- None.....1 One2 Two3 Three or more 4 Still at Primary School ..5

Q4. How many of your friends from primary school are in your class?

- None.....1 One2 Two3 Three or more 4 Still at Primary School ..5

Q5a. In the last two weeks, how often have the following things happened to you? Please tick ONE box on every line.

	Very often	Often	A few times	Never
You have been told by a teacher that your work is good.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
You have asked questions in class.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
A teacher has praised you for answering a question.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
You have been given out to by a teacher because your work is untidy or not done on time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
You have been asked questions in class by the teacher.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
You have been given out to by a teacher for misbehaving in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q5b. In general, thinking about all of your subjects and teachers how regularly do the following take place in your classes?

	Very regularly	Quite regularly	Now and again	Never or hardly ever
We copy notes from the board.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I can work in a group with other students.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher reads from the textbook.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher uses a CD or DVD in class.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We use computer facilities in class.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher explains things really well.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher does most of the talking.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I can express my opinions in class.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We have projects to do outside class time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We get homework.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q6. How much time do you spend doing homework each evening?

- 0 to 30 minutes1 2 to less than 3 hours 5
 31 minutes to less than one hour.....2 3 to less than 4 hours 6
 1 to less than 1.5 hours.....3 4 hours or more 7
 1.5 to less than 2 hours.....4 Don't do homework.....8

Q7. For each of these subjects, please say if you find the subject Difficult, Ok or Not Difficult. Please tick ONE box on each line.

	Difficult	OK	Not difficult	Don't take
Maths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Irish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q8. For each of these subjects, please tick one box to indicate if you find it interesting, it is OK or you find it not interesting.

	Interesting	OK	Not interesting	Don't take
Maths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Irish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q9a. Some students get extra help at school in some subjects (such as English or Maths). Have you received any extra help within school since September?

Yes..... 1 No..... 2 → If No, got to Q10

Q9b. If Yes, what subjects did you get extra help in? Please tick ALL that apply.

English/reading ... 1 Maths..... 2 Irish 3 Other (please specify) _____

Q10. Over the last year, how often have the following things happened to you? Please tick ONE box on each line.

	Never	Now & Again	Quite Often	All the Time
I was late for school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I got into trouble for not following school rules.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I skipped classes or mitched.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I 'messed' in class.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I had to do extra work as punishment (including lines).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I had to do detention (after school or at lunch-time).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I was suspended from school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q11. How many days were you absent from school in the last 12 months (when the school was open) _____

Q12. What is the highest qualification you expect to get by the time you finish your education?

Junior Cert..... 1
 Leaving Cert..... 2
 Certificate or Diploma (including plc., apprenticeship) ... 3
 Degree or higher degree..... 4

Q13. On a normal weekday during term time, how many hours do you spend watching television, videos or DVDs? Please remember to include time before school as well as time after school? [IF NONE – PLEASE ENTER 0]

_____ hours _____ minutes

Q14. On a normal weekday during term time, about how many hours do you spend reading for pleasure (books, magazines, newspapers, novels, comics)?

[DO NOT INCLUDE TIME SPENT READING AT SCHOOL OR DOING HOMEWORK] [IF NONE – PLEASE ENTER 0]

_____ hours _____ minutes

Q15. On a normal weekday, during term-time, about how much time do you spend using the computer. Please include time before school as well as time after school. [DO NOT INCLUDE TIME SPENT USING COMPUTERS IN SCHOOL]

[IF NONE – PLEASE ENTER 0]

_____ hours _____ minutes

Q16. On a normal weekday, during term-time, about how much time do you spend playing video games such as, Playstation, X-box, Nintendo etc? [IF NONE – PLEASE ENTER 0]

_____ hours _____ minutes

Q17. Are any of the following in your bedroom?

	Yes	No
Television	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Computer or laptop	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Video/DVD player	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Games console (playstation etc).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q18. Do you have your own mobile phone? Yes..... 1 No 2

Q19. Do you have a computer at home? Yes..... 1 No 2

Q20. Do you have access to the internet? Yes..... 1 No..... 2 → If No, got to Q23

Q21a. Where/ how do you access it (tick all that apply)

a. At school	<input type="checkbox"/> 1
b. At home on a PC or laptop in a family room	<input type="checkbox"/> 2
c. At home on a PC or laptop (in your bedroom)	<input type="checkbox"/> 3
d. Via a games console.....	<input type="checkbox"/> 4
e. Internet TV/ cable in a family room	<input type="checkbox"/> 5
f. Via mobile phone/ ipad or other mobile device.....	<input type="checkbox"/> 6
g. Other	<input type="checkbox"/> 7

Q21b. 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. Personal web page (Facebook, Beebo, Twitter, etc)/instant messaging/emailing	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Watching movies/downloading music	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Surfing the internet for fun	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Doing homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Surfing the internet for school projects	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q22. Are you allowed to use the internet without your parents or another adult checking what you are doing?

Yes always..... 1 Yes sometimes..... 2 No 3

Q23. On an average school day, how much time in a day do you spend alone at home while nobody else is home?

None	<input type="checkbox"/> 1
1 to less than 2 hours a day.....	<input type="checkbox"/> 2
2 to less than 3 hours a day.....	<input type="checkbox"/> 3
3 to less than 4 hours a day.....	<input type="checkbox"/> 4
4 to less than 6 hours a day	<input type="checkbox"/> 5
6 or more hours a day	<input type="checkbox"/> 6

Q24. The following questions refer to the rules and limits your parents may place on your activities

A. Do you need your parents' permission before going out on week nights?

Almost never or never	Not very often	Sometimes	Often	Almost always or always	Not applicable / don't do it
<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. If you go out on a Saturday evening, do you have to inform your parents beforehand about who you will be with and where you will be going

Almost never or never	Not very often	Sometimes	Often	Almost always or always	Not applicable / don't do it
<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 you have been out very late one night, do your parents make you explain why and tell them who you were with.

Almost never or never	Not very often	Sometimes	Often	Almost always or always	Not applicable / don't do it
<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. Do your parents demand to know where you are in the evenings, who you are going to be with, and what you are going to be doing

Almost never or never ₁ Not very often ₂ Sometimes ₃ Often ₄ Almost always or always ₅ Not applicable / don't do it ₆

E. Do you have to ask your parents before you can make plans with friends about what you will do on a Saturday night?

Almost never or never ₁ Not very often ₂ Sometimes ₃ Often ₄ Almost always or always ₅ Not applicable ₆

F. Do your parents make you tell them how you spend your money?

Almost never or never ₁ Not very often ₂ Sometimes ₃ Often ₄ Almost always or always ₅ Not applicable ₆

Q25. How much spending money, if any, do you have to spend each week? If you don't receive any, write 00.

_____ Euro _____ Cent

Q26. Where do you get this money from? (Tick all that apply)

- Regular pocket money ₁
- Doing chores (or babysitting) in the home ₂
- Given money by parents when I need it ₃
- Doing occasional jobs (e.g. babysitting) outside the home ₄
- Have a regular part-time job ₅

Now some questions about exercise and sport.

Q27. How many times in the past 14 days have you done at least 20 minutes of exercise hard enough to make you breathe fast and make your heart beat faster? (Hard exercise includes, for example, playing football, jogging, or fast cycling). Include time in physical education class.

None ₁ 1 to 2 days ₂ 3 to 5 days ₃ 6 to 8 days ₄ 9 or more days ₅

Q28. How many times in the past 14 days have you done at least 20 minutes of light exercise that was not hard enough to make you breathe heavily and make your heart beat fast? (Light exercise includes, walking or slow cycling) Include time in physical education class.

None ₁ 1 to 2 days ₂ 3 to 5 days ₃ 6 to 8 days ₄ 9 or more days ₅

Q29. Outside of your physical education classes, how many team or individual based sports or activities did you participate in during the past 12 months (for example, a school or local football/netball team, athletics, tennis etc...)

None ₁ 1 activity ₂ 2 activities ₃ 3 activities ₄ 4 or more activities. ₅

Q30. Please tell us the reasons why you choose not to participate in sporting activities? [Tick All That Apply]

- I do not like team games ₁
- I am no good at games ₂
- I have no opportunities to play ₃
- I feel people laugh at you because of your size ₄
- I have a disability or health problem which prevents you from playing ₅
- I prefer to watch sports on TV ₆
- I do not fit in with the sporty crowd ₇
- I do not like to get dirty or sweaty ₈
- I am not competitive ₉
- I prefer to play computer games ₁₀
- Other reason [please specify] ₁₁

Q31a. Please tick to indicate (a) how often do you do each of these activities and, (b) if you do them, whether or not they are paid for by your parents or by you yourself.:

	(a) How often do you do each of these activities?				(b) If you do the activity, does it have to be paid for?		
	Never	Less than once a week	1-3 times a week	4 or more times a week	Activity is not paid for	Activity paid for by my parents	Activity paid for by me
A. Play sports or undertake physical activities without a coach or instructor (e.g. biking, skate boarding etc)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
B. Play sports with a coach or instructor, or as part of an organised team, other than in P.E. class? (swimming, soccer, hockey etc.)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C. Take part in dance, drama or music lessons	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
D. Take part in a homework club (either in school or elsewhere)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
E. Take part in clubs or groups such as Guides or Scouts, youth club, community or church groups	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Q31b. If you do any of the above activities, do you have special responsibilities, such as team leader, captain, secretary etc?

Yes₁ No₂ Don't do any of the activities.....₃

We would now like to ask some questions about the things that you eat.

Q32. Do you usually have something to eat at home before going to school?

Yes₁ No₂

Q33. We would like you to think back to what you ate yesterday. Did you eat each of these foods once, more than once, or not at all?

	Not at All	Once	More than once
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. Raw vegetables or salad.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
D. Hamburger, hot dog, sausage or sausage roll, meat pie,.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
E. Hot chips or French fries.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
F. Crisps or savoury snacks.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
G. Biscuits, doughnuts, cake, pie or chocolate.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
H. Sweets.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I. Full fat cheese/yoghurt/ fromage frais.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
J. Low fat Cheese/ low fat yoghurt.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
K. Water (tap water / still water/).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
L. Fizzy drinks / minerals / cordial / squash (diet).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
M. Fizzy drinks / minerals / cordial / squash (not diet).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
N. Full cream milk.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
O. Skimmed/Semi-skimmed milk.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Q34. How often do you brush your teeth?

- More than twice a day₁
- Twice a day₂
- Once a day.....₃
- Less often than once a day.....₄
- Rarely₅
- Not at all.....₆

Q35. Do you do any of these chores at home?

	Everyday	4/5 times a week	2/3 times a week	Less Often	Never
a. Help with cooking for the family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Hoovering / cleaning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Helping in the garden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Washing the dishes / Emptying the dishwasher	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Putting out the bin / recycling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Cleaning the car	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Helping with your younger brothers or sisters	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Helping an elderly or sick relative in the family.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q36. How many friends do you normally hang around with? (tick ONE box only)

A. None 1 **Go to Q40** E. Between 6 and 10..... 5 **Go to Q37**
 B. One or two 2 **Go to Q37** F. More than 10..... 6 **Go to Q37**
 C. Between 3 and 5 3 **Go to Q37**

Q37. How many of these would you describe as CLOSE friends? _____

Q38. How old are the friends you usually go about with? (tick ONE box on each line)

	None	Some	Most or all
A. A year or more younger.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. About the same age	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. A year or two older	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. More than two years older.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q39. How many of your friends have your parents met? (tick ONE box only)

None of them..... 1
 Some of them..... 2
 Most or all of them 3

Q40. This part asks about your feelings about your relationships with your close friends. Please read each statement and tick the ONE number that tells how true the statement is for you now.

	Almost never or never true	Not very often true	Sometimes true	Often true	Almost always or always true
a. Talking over my problems with friends makes me feel ashamed or foolish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I wish I had different friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My friends understand me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My friends accept me as I am.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I feel the need to be in touch with my friends more often.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My friends don't understand what I'm going through these days	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. I feel alone or apart when I am with my friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. My friends listen to what I have to say.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. I feel my friends are good friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. My friends are fairly easy to talk to.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. When I am angry about something, my friends try to be understanding.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. I feel angry with my friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. I can count on my friends when I need to get something off my chest.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. I trust my friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. My friends respect my feelings.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
p. I get upset a lot more than my friends know about	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
q. It seems as if my friends are irritated with me for no reason.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q41.

Question 41 Redacted

Q42. Have you been bullied in the last 3 months?

Yes 1

No 2 – please go to Question 49

Q43. How often did this bullying take place?

- Once or twice 1
- 2 or 3 times a month 2
- About once a week 3
- Several times a week..... 4

Q44. What form did the bullying take? [Tick all that apply]

- A. Physical bullying 1
- B. Verbal bullying (name calling, hurtful slugging) 2
- C. Electronic [phone messaging, emails, Facebook etc].. 3
- D. Graffiti/pinning up notes/passing notes in class..... 4
- E. Taking/damaging personal possessions 5
- F. Exclusion (being left out) 6
- G. Gossip, spreading rumours..... 7
- H. Threatened / forced to do things you didn't want to do 8
- I. Other (specify) 9

Q45. What was the reason for the bullying? [Tick all that apply]

- A. Ethnicity / Race / Nationality / Skin colour..... 1
- B. Physical disability 2
- C. Learning difficulty / disability..... 3
- D. Religion..... 4
- E. Class performance / star pupil..... 5
- F. Teacher's pet..... 6
- G. Physical appearance (clothes, glasses, weight, height etc) .. 6
- H. Family background..... 7
- I. Seen not to conform to gender roles 8
- J. Jealousy 9
- K. Other (specify) 10

Q46. When you were bullied how did this make you feel? [Please tick one box on each line]

	Not at all	A little	A lot
Upset.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Afraid.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Angry.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Wanted to take revenge.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Shrugged it off.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Isolated.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Determined to do something about it.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Other [Please specify]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q47. Have you told anyone that you have been bullied? Yes 1 No..... 2

Q48. Who have you told you have been bullied? [Tick all that apply]

- Teacher..... 1
- Parent(s) 2
- Friend..... 3
- No-one 4
- Other [Please specify] 8

Q49. In the last 3 months have you bullied someone?

Yes.....1

No2 – please go to Question 54

Q50. How often did you bully someone?

- Once or twice 1
- 2 or 3 times a month 2
- About once a week 3
- Several times a week..... 4

Q51. What form did the bullying take? [Tick all that apply]

- A. Physical bullying 1
- B. Verbal bullying (name calling, hurtful slugging)..... 2
- C. Electronic [phone messaging, emails, Facebook etc].. 3
- D. Graffiti/pinning up notes/passing notes in class..... 4
- E. Taking/damaging personal possessions 5
- F. Exclusion (being left out) 6
- G. Gossip, spreading rumours..... 7
- H. Threatened / forced to do things they didn't want to do 8
- I. Other (specify) 9

Q52. What was the reason for the bullying? [Tick all that apply]

- A. Ethnicity / Race / Nationality / Skin colour..... 1
- B. Physical disability 2
- C. Learning difficulty / disability..... 3
- D. Religion..... 4
- E. Class performance / star pupil..... 5
- F. Teacher's pet 6
- G. Physical appearance (clothes, glasses, weight, height etc) .. 6
- H. Family background..... 7
- I. Seen not to conform to gender roles 8
- J. Jealousy 9
- K. Other (specify) _____ 10

Q53. What was the reason you bullied someone? [Tick all that apply]

- A. Having a bad day..... 1
- B. Dislike of the person 2
- C. Jealousy of the person 3
- D. To impress friends..... 4
- E. To be feared 5
- F. Enjoy hurting people 6
- G. To be accepted by the group/gang 7
- H. To get someone back/get revenge..... 8
- I. Other 9

And now, some more questions about you.....

Q54. How would you describe yourself?

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

Q55. Have you ever exercised to lose weight or to keep from gaining weight?

Yes.....1

No2

Q56. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?

Yes.....1

No2

Q57. How often do you weigh yourself?

- More than once a day 1
- Every day 2
- Once a week 3
- Once a month..... 4
- Less than once a month..... 5
- Never..... 6

Q58. Which of the following are you trying to do about your weight?

- Lose weight 1
- Gain weight 2
- Stay the same weight..... 3
- I am not trying to do anything about my weight 4

Q59. When you misbehave how often do your parents?

	Always	Sometimes	Never
a. Explain to you what you have done wrong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Ignore you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Slap or hit you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Shout at you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Send you out of the room or to your bedroom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Stop your treats or pocket money.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Give out to you.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Offer you treats to be good	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Ground you.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q60.

Question 60 Redacted

Q61.

Question 61 Redacted

Q62. Looking to the future when you have finished your education, what job would you like to have? If you had your choice, what job would you really like to get?

TIME QUESTIONNAIRE WAS COMPLETED

(hour)

(mins)

E6 **Child/Young Person Questionnaire (Boy and Girl)**



GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

YOUNG PERSON SENSITIVE QUESTIONNAIRE (Female)

AREA HHOLD

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that 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.

TIME QUESTIONNAIRE BEGAN _____
(hour) (mins)

1. Are you currently taught Relationships and Sexuality Education (RSE) in your school?

Yes₁ No.....₂

2. Were you taught Relationships and Sexuality Education (RSE) in primary school?

Yes₁ No.....₂

3. Have you ever discussed sex and/or relationship issues with your parent(s)?

Yes₁ No.....₂

4a. Girls can start their periods at different ages. Have you started your periods yet?

Yes₁ No₂ – **please go to Question 5**

4b. What age were you when you had your first period? _____ years _____ months

5. How often in the last year have you done any of the following? (Tick one box for each question)

	Not at all	Once	2 to 5 times	6 or more times
1. Not paid the correct fare on a bus or train	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2. Taken something from a shop or store without paying for it.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
3. Behaved badly in public so that people complained and you got into trouble.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
4. Stolen or ridden in a stolen car or a van or on a stolen motorbike	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5. Taken money or something else that did not belong to you from school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
6. Carried a knife or weapon with you in case it was needed in a fight.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
7. Deliberately damaged or destroyed property that did not belong to you (eg windows, cars, streetlights)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
8. Broken into a house or building to steal something.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
9. Written things or sprayed paint on things that do not belong to you (for example, a phone box, car, building, bus shelter)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
10. Used force, threats or a weapon to get money or something else from somebody	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
11. Taken money or something else that did not belong to you from your home without permission	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
12. Broken into a car or van to steal something from it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13. Deliberately set fire or tried to set fire to someone's property or a building (e.g. school or shed).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
14. Hit, kicked or punched someone on purpose in order to hurt or injure them.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
15. Been involved in a serious physical fight where someone got badly hurt or needed to see a doctor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

The people responsible for Growing Up in Ireland would like to make it clear that a lot of the activities mentioned are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal.

5b. Can I ask:

No, Never Maybe Yes, definitely

- Have you ever heard voices or sounds that no one else can hear?..... 1..... 2..... 3
- Have you ever seen things that other people could not see?..... 1..... 2..... 3
- Have you ever thought that people are following you or spying on you? 1..... 2..... 3
- Some people believe that their thoughts can be read by another person. Have other people ever read your mind? 1..... 2..... 3
- Have you ever felt that you were under the control of some special power? 1..... 2..... 3
- Have you ever felt that you have extra-special powers? 1..... 2..... 3

6. Have you ever been in trouble with the Gardai?

Yes..... 1 No 2

7a. Have you ever smoked tobacco? (At least one cigarette)

Yes..... 1 No..... 2 – please go to Question 8a

7b. How often do you smoke tobacco at present?

- Everyday 1
- At least once a week but not every day 2
- Less than once a week 3
- I do not smoke at present 4

7c. How many cigarettes do you usually smoke in a week? _____ cigarettes a week

8a. Have you ever had an alcoholic drink (other than just a few sips)? (That means beer, wine, cider or spirits like vodka, whiskey, etc...)

Yes..... 1 No 2 – please go to Question 9

8b. During the last year did you have a whole alcoholic drink? (That means beer, wine, cider or spirits like vodka, whiskey, etc...)

Yes..... 1 No 2 – please go to Question 9

8c. How often do you drink alcohol now? Try to include even those times when you only drink a small amount.

- Never..... 1
- Rarely..... 2
- Only on special occasions 3
- At least once a month 4
- At least once a week 5
- Every day 6

8d. Have you ever had so much alcohol that you were really drunk (or felt sick or dizzy)?

- No, never..... 1
- Yes, once 2
- Yes, 2-3 times 3
- Yes, 4-10 times 4
- Yes, more than 10 times 5

9. Have you ever used cannabis? [Also called ‘Hash’, ‘Grass’, ‘Weed’ or ‘Pot’]

Yes..... 1 No 2

10. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays or petrol to get high?

Yes..... 1 No 2

11. Have you ever used any other drugs (such as ecstasy, speed, heroin, methadone, crack or cocaine)?

Yes..... 1 No 2

TIME QUESTIONNAIRE WAS COMPLETED

_____ (hour) _____ (mins)

The people responsible for Growing Up in Ireland would like to make it clear that a lot of the activities mentioned in this questionnaire are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal. Drinking alcohol, taking drugs, fighting and so on always cause lots of damage and pain for everyone involved.

If you would like to talk to someone about any of the activities mentioned in this questionnaire let the interviewer know. This may involve talking to your parents/guardians about the matter.



GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

YOUNG PERSON SENSITIVE QUESTIONNAIRE (Male)

AREA HHOLD

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that 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.

TIME QUESTIONNAIRE BEGAN _____
(hour) (mins)

1. Are you currently taught Relationships and Sexuality Education (RSE) in your school?

Yes₁ No.....₂

2. Were you taught Relationships and Sexuality Education (RSE) in primary school?

Yes₁ No.....₂

3. Have you ever discussed sex and/or relationship issues with your parent(s)?

Yes₁ No.....₂

Boys' bodies develop at different rates. We would like to ask you a few questions about your stage of development at the moment.

4. Has your voice changed at all?

No, it is the same ... ₁ Yes, occasionally it is a lot lower.. ₂ Yes, it is now totally changed ₃ Not sure ₄

5. How often in the last year have you done any of the following? (Tick one box for each question)

	Not at all	Once	2 to 5 times	6 or more times
1. Not paid the correct fare on a bus or train	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2. Taken something from a shop or store without paying for it.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
3. Behaved badly in public so that people complained and you got into trouble.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
4. Stolen or ridden in a stolen car or a van or on a stolen motorbike	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5. Taken money or something else that did not belong to you from school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
6. Carried a knife or weapon with you in case it was needed in a fight.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
7. Deliberately damaged or destroyed property that did not belong to you (eg windows, cars, streetlights)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
8. Broken into a house or building to steal something.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
9. Written things or sprayed paint on things that do not belong to you (for example, a phone box, car, building, bus shelter)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
10. Used force, threats or a weapon to get money or something else from somebody	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
11. Taken money or something else that did not belong to you from your home without permission	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
12. Broken into a car or van to steal something from it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13. Deliberately set fire or tried to set fire to someone's property or a building (e.g. school or shed).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
14. Hit, kicked or punched someone on purpose in order to hurt or injure them.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
15. Been involved in a serious physical fight where someone got badly hurt or needed to see a doctor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

The people responsible for Growing Up in Ireland would like to make it clear that a lot of the activities mentioned are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal.

5b. Can I ask:

No, Never Maybe Yes, definitely

- Have you ever heard voices or sounds that no one else can hear?..... 1 2 3
- Have you ever seen things that other people could not see?..... 1 2 3
- Have you ever thought that people are following you or spying on you? 1 2 3
- Some people believe that their thoughts can be read by another person. Have other people ever read your mind? 1 2 3
- Have you ever felt that you were under the control of some special power? 1 2 3
- Have you ever felt that you have extra-special powers? 1 2 3

6. Have you ever been in trouble with the Gardai?

Yes..... 1 No 2

7a. Have you ever smoked tobacco? (At least one cigarette)

Yes..... 1 No..... 2 – please go to Question 8a

7b. How often do you smoke tobacco at present?

- Everyday 1
- At least once a week but not every day 2
- Less than once a week 3
- I do not smoke at present 4

7c. How many cigarettes do you usually smoke in a week? _____ cigarettes a week

8a. Have you ever had an alcoholic drink (other than just a few sips)? (That means beer, wine, cider or spirits like vodka, whiskey, etc...)

Yes..... 1 No 2 – please go to Question 9

8b. During the last year did you have a whole alcoholic drink? (That means beer, wine, cider or spirits like vodka, whiskey, etc...)

Yes..... 1 No 2 – please go to Question 9

8c. How often do you drink alcohol now? Try to include even those times when you only drink a small amount.

- Never..... 1
- Rarely..... 2
- Only on special occasions 3
- At least once a month 4
- At least once a week 5
- Every day 6

8d. Have you ever had so much alcohol that you were really drunk (or felt sick or dizzy)?

- No, never..... 1
- Yes, once 2
- Yes, 2-3 times 3
- Yes, 4-10 times 4
- Yes, more than 10 times 5

9. Have you ever used cannabis? [Also called ‘Hash’, ‘Grass’, ‘Weed’ or ‘Pot’]

Yes..... 1 No 2

10. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays or petrol to get high?

Yes..... 1 No 2

11. Have you ever used any other drugs (such as ecstasy, speed, heroin, methadone, crack or cocaine)?

Yes..... 1 No 2

TIME QUESTIONNAIRE WAS COMPLETED

_____ (hour) _____ (mins)

The people responsible for Growing Up in Ireland would like to make it clear that a lot of the activities mentioned in this questionnaire are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal. Drinking alcohol, taking drugs, fighting and so on always cause lots of damage and pain for everyone involved.

If you would like to talk to someone about any of the activities mentioned in this questionnaire let the interviewer know. This may involve talking to your parents/guardians about the matter.

E7 Child/Young Person Parenting Style Inventory

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STRICTLY CONFIDENTIAL

YOUNG PERSON SELF-COMPLETE QUESTIONNAIRE (M)

AREA H'HOLD RESPONDENT

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. 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.

TIME QUESTIONNAIRE BEGAN _____
(hour) (mins)

We would now like to ask you some questions about your Mum

1. How well do you get on with your Mum?

Very well Fairly well You and your Mum do not get on
1..... 2 3

2. My Mum doesn't really like me to tell her my troubles

Strongly disagree Disagree I'm in between Agree Strongly agree
1..... 2 3 4 5

3. My Mum hardly ever praises me for doing well

Strongly disagree Disagree I'm in between Agree Strongly agree
1..... 2 3 4 5

4. I can count on my Mum to help me out if I have a problem

Strongly disagree Disagree I'm in between Agree Strongly agree
1..... 2 3 4 5

5. My Mum spends time just talking to me

Strongly disagree Disagree I'm in between Agree Strongly agree
1..... 2 3 4 5

6. My Mum and I do things that are fun together

Strongly disagree Disagree I'm in between Agree Strongly agree
1..... 2 3 4 5

7. My Mum tells me that her ideas are correct and that I shouldn't question them

Strongly disagree Disagree I'm in between Agree Strongly agree
1..... 2 3 4 5

8. My Mum respects my privacy

Strongly disagree Disagree I'm in between Agree Strongly agree
1..... 2 3 4 5

9. My Mum gives me a lot of freedom

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

10. My Mum makes most of the decisions about what I should do

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

11. My Mum believes I have a right to my own point of view

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

12. My Mum really expects me to follow family rules

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

13. My Mum really lets me get away with things

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

14. If I don't behave myself, my Mum will punish me

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

15. My Mum points out ways I could do better

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

16. When I do something wrong, my Mum does not punish me

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

TIME QUESTIONNAIRE WAS COMPLETED

(hour)

(mins)



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YOUNG PERSON SELF-COMPLETE QUESTIONNAIRE (D)

AREA H'HOLD RESPONDENT

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. 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.

TIME QUESTIONNAIRE BEGAN _____
(hour) (mins)

We would now like to ask you some questions about your Dad

1. How well do you get on with your Dad?

Very well Fairly well You and your Dad do not get on
1..... 2 3

2. My Dad doesn't really like me to tell him my troubles

Strongly disagree Disagree I'm in between Agree Strongly agree
1..... 2 3 4 5

3. My Dad hardly ever praises me for doing well

Strongly disagree Disagree I'm in between Agree Strongly agree
1..... 2 3 4 5

4. I can count on my Dad to help me out if I have a problem

Strongly disagree Disagree I'm in between Agree Strongly agree
1..... 2 3 4 5

5. My Dad spends time just talking to me

Strongly disagree Disagree I'm in between Agree Strongly agree
1..... 2 3 4 5

6. My Dad and I do things that are fun together

Strongly disagree Disagree I'm in between Agree Strongly agree
1..... 2 3 4 5

7. My Dad tells me that his ideas are correct and that I shouldn't question them

Strongly disagree Disagree I'm in between Agree Strongly agree
1..... 2 3 4 5

8. My Dad respects my privacy

Strongly disagree Disagree I'm in between Agree Strongly agree
1..... 2 3 4 5

9. My Dad gives me a lot of freedom

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

10. My Dad makes most of the decisions about what I should do

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

11. My Dad believes I have a right to my own point of view

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

12. My Dad really expects me to follow family rules

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

13. My Dad really lets me get away with things

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

14. If I don't behave myself, my Dad will punish me

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

15. My Dad points out ways I could do better

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

16. When I do something wrong, my Dad does not punish me

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....23.....45

TIME QUESTIONNAIRE WAS COMPLETED

(hour)

(mins)



GROWING UP IN IRELAND – the national longitudinal study of children

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YOUNG PERSON SELF-COMPLETE QUESTIONNAIRE (MP)

AREA H'HOLD RESPONDENT

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. 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.

TIME QUESTIONNAIRE BEGAN _____
(hour) (mins)

We would now like to ask you some questions about your step Dad or your Mum's boyfriend who lives at home with you

1. How well do you get on with him?

Very well Fairly well You and your Dad do not get on
1 2 3

2. He doesn't really like me to tell him my troubles

Strongly disagree Disagree I'm in between Agree Strongly agree
1 2 3 4 5

3. He hardly ever praises me for doing well

Strongly disagree Disagree I'm in between Agree Strongly agree
1 2 3 4 5

4. I can count on him to help me out if I have a problem

Strongly disagree Disagree I'm in between Agree Strongly agree
1 2 3 4 5

5. He spends time just talking to me

Strongly disagree Disagree I'm in between Agree Strongly agree
1 2 3 4 5

6. He and I do things that are fun together

Strongly disagree Disagree I'm in between Agree Strongly agree
1 2 3 4 5

7. He tells me that his ideas are correct and that I shouldn't question them

Strongly disagree Disagree I'm in between Agree Strongly agree
1 2 3 4 5

8. He respects my privacy

Strongly disagree Disagree I'm in between Agree Strongly agree
1 2 3 4 5

9. He gives me a lot of freedom

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

10. He makes most of the decisions about what I should do

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

11. He believes I have a right to my own point of view

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

12. He really expects me to follow family rules

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

13. He really lets me get away with things

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

14. If I don't behave myself, he will punish me

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

15. He points out ways I could do better

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

16. When I do something wrong, he does not punish me

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

TIME QUESTIONNAIRE WAS COMPLETED

(hour)

(mins)



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YOUNG PERSON SELF-COMPLETE QUESTIONNAIRE (DP)

AREA

H' HOLD

RESPONDENT

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. 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.

TIME QUESTIONNAIRE BEGAN _____
(hour) (mins)

We would now like to ask you some questions about your step-Mum or your Dad's girlfriend who lives at home with you

1. How well do you get on with her?

Very well Fairly well You and your mum do not get on
1.....2.....3

2. She doesn't really like me to tell her my troubles

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2.....3.....4.....5

3. She hardly ever praises me for doing well

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2.....3.....4.....5

4. I can count on her to help me out if I have a problem

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2.....3.....4.....5

5. She spends time just talking to me

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2.....3.....4.....5

6. She and I do things that are fun together

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2.....3.....4.....5

7. She tells me that her ideas are correct and that I shouldn't question them

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2.....3.....4.....5

8. She respects my privacy

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2.....3.....4.....5

9. She gives me a lot of freedom

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

10. She makes most of the decisions about what I should do

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

11. She believes I have a right to my own point of view

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

12. She really expects me to follow family rules

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

13. She really lets me get away with things

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

14. If I don't behave myself, she will punish me

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

15. She points out ways I could do better

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

16. When I do something wrong, she does not punish me

Strongly disagree Disagree I'm in between Agree Strongly agree
1.....2345

TIME QUESTIONNAIRE WAS COMPLETED

(hour)

(mins)

E8 Time Use Diary

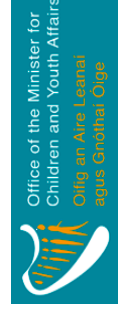


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Dublin 2



Office of the Minister for
Children and Youth Affairs
Oifig an Aire Leanaí
Iúis Gíofhál Oige

T1. Please record the day and date of the Diary Day, i.e. the day the activities relate to:

Day _____ Date _____ (dd) _____ (mm)

T2. Was this:

	Yes	No
A school day	<input type="checkbox"/> 1	<input type="checkbox"/> 2
A holiday or family celebration	<input type="checkbox"/> 1	<input type="checkbox"/> 2
A day when something special was happening in your home (someone was sick, someone was visiting, a family crisis)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

T3. When did you fill in the diary? Please tick (✓) one box.

Now and then during the diary day 1
 At the end of the diary day 2
 The day after the diary day 3
 Later 4

T4. About how many days after? _____ days after

T5. Did you (the Young Person) complete the diary (please tick one):

By yourself 1
 With Mum / Dad 2
 With other adult / older brother or sister 3

GROWING UP IN IRELAND – the national longitudinal study of children

Time Use Diary

STRICTLY CONFIDENTIAL

Area Code Household Code Respondent Code

As part of the *Growing Up in Ireland* project we would like to record details on how 13-year-olds in Ireland spend their time.

We would like you to complete the enclosed time-use diary as shown by the interviewer – your Mum or Dad can help you if you like. Simply mark the booklet to indicate what you were doing for each quarter hour in the day. To do this draw an arrow through the relevant 15 minute slots to indicate what you were doing.

If you were engaged in a number of activities in any given 15-minute time period we would like you to record your MAIN activity – for example if at some time in the course of the day you were watching TV and also eating a snack and if you considered your main activity to have been watching the TV at that time then record this in Line 15 – Watching TV, Films, Videos or DVDs rather than in Line 3 on Eating.

PLEASE RETURN THIS COMPLETED TIMEUSE DIARY IN THE ENCLOSED PRE-PAID ENVELOPE TO THE ECONOMIC AND SOCIAL RESEARCH INSTITUTE (ESRI).

THE ASSISTANCE OF YOU AND YOUR FAMILY IN THE GROWING UP IN IRELAND PROJECT IS GREATLY APPRECIATED AND WILL HOPEFULLY ASSIST ALL YOUNG PEOPLE IN IRELAND OVER THE COMING YEARS.

Once again we would like to assure you that all of the information provided will be treated in the strictest confidence and will not be revealed in any way which could be associated with your name or address.

Day on which we would like this diary to be completed:

DAY _____ DATE _____

<i>Activity</i>	AM →			
	00.00 am	01.00 am	02.00 am	03.00 am
	15 30 45	15 30 45	15 30 45	15 30 45
1. SLEEPING / RESTING (including time trying to get to sleep, trying to get up)				
2. PERSONAL CARE OR GETTING READY (showering, washing, dressing, brushing teeth or hair, doing make-up, getting changed or ready for school, for training, for going out or for going to bed)				
3. EATING (breakfast, lunch, dinner, tea)				
4. TRAVELLING (to or from school or elsewhere)				
5. AT SCHOOL				
6. DOING HOMEWORK OR STUDY				
7. JUST HANGING AROUND WITH FRIENDS (outside or inside)				
8. SPENDING TIME WITH FAMILY				
9. PLAYING WITH OR EXERCISING A PET				
10. PLAYING SPORT OR DOING PHYSICAL EXERCISE (training, matches, or with friends)				
11. USING THE INTERNET / EMAILING (including social networking, browsing etc)				
12. PLAYING COMPUTER GAMES (e.g. Playstation, PSP, X-Box or Wii)				
13. TALKING ON THE PHONE OR TEXTING				
14. MUSIC LESSONS (OR PRACTICING MUSIC), DRAMA, OTHER HOBBIES ETC				
15. WATCHING TV, FILMS, VIDEOS OR DVDS				
16. LISTENING TO MUSIC				
17. READING FOR PLEASURE OR INTEREST (NOT FOR SCHOOL)				
18. HOUSEWORK (preparing food, tidying bedroom, feeding pets)				
19. HOBBIES AND OTHER LEISURE ACTIVITIES				
20. ON AN OUTING (e.g. to the beach, to the mountains, to a shopping centre, to the theatre, to a match etc)				
21. OUT SHOPPING TO BUY THINGS (groceries, clothes etc).				
22. OTHER 1 (SPECIFY)				
23. OTHER 2 (SPECIFY)				
24. OTHER 3 (SPECIFY)				
25. OTHER 4 (SPECIFY)				

<i>Activity</i>	PM →			
	12.00 noon	01.00 pm	02.00 pm	03.00 pm
	15 30 45	15 30 45	15 30 45	15 30 45
1. SLEEPING / RESTING (including time trying to get to sleep, trying to get up)				
2. PERSONAL CARE OR GETTING READY (showering, washing, dressing, brushing teeth or hair, doing make-up, getting changed or ready for school, for training, for going out or for going to bed)				
3. EATING (breakfast, lunch, dinner, tea)				
4. TRAVELLING (to or from school or elsewhere)				
5. AT SCHOOL				
6. DOING HOMEWORK OR STUDY				
7. JUST HANGING AROUND WITH FRIENDS (outside or inside)				
8. SPENDING TIME WITH FAMILY				
9. PLAYING WITH OR EXERCISING A PET				
10. PLAYING SPORT OR DOING PHYSICAL EXERCISE (training, matches, or with friends)				
11. USING THE INTERNET / EMAILING (including social networking, browsing etc)				
12. PLAYING COMPUTER GAMES (e.g. Playstation, PSP, X-Box or Wii)				
13. TALKING ON THE PHONE OR TEXTING				
14. MUSIC LESSONS (OR PRACTICING MUSIC), DRAMA, OTHER HOBBIES ETC				
15. WATCHING TV, FILMS, VIDEOS OR DVDS				
16. LISTENING TO MUSIC				
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18. HOUSEWORK (preparing food, tidying bedroom, feeding pets)				
19. HOBBIES AND OTHER LEISURE ACTIVITIES				
20. ON AN OUTING (e.g. to the beach, to the mountains, to a shopping centre, to the theatre, to a match etc)				
21. OUT SHOPPING TO BUY THINGS (groceries, clothes etc).				
22. OTHER 1 (SPECIFY)				
23. OTHER 2 (SPECIFY)				
24. OTHER 3 (SPECIFY)				
25. OTHER 4 (SPECIFY)				