



**Appendices to
Growing Up in Ireland
Technical Series Report Number 2022-1**

**Report on the Pilot for Wave Six of the
Cohort '08 Survey (at 13 Years of Age)**

Appendix A: Advance letter, Information Sheets and Related Documents

Appendix B: 13Yr Questionnaires (incorporating Pilot Questions and Proposed Questions for Main Phase)

April 2022



Appendix A

Advance letter, Information Sheets and Related Documents

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Appendix B

13Yr Questionnaires

(incorporating Pilot Questions and Proposed Questions for Main Phase)*

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*Note: Questionnaires are colour-coded:

- Items in BLACK were included in the Pilot and recommended for inclusion in the Main Phase
- Items in GREY were included in the Pilot but not recommended for inclusion in the Main Phase
- Items in RED were not included in the Pilot but recommended for inclusion in the Main Phase
- Items in GREEN were included in the Pilot and recommended for inclusion in the Main Phase, but were moved to another questionnaire

*Note regarding numbering:

All questions are numbered according to their proposed sequence in the main phase of fieldwork. Where this differs to the numbering ultimately used for a specific question in the main phase, this alternative number is also given in parentheses to facilitate cross-referencing with the final main phase questionnaires.

A1. Advance Letter to Primary Caregiver

A1. Advance Letter to Primary Caregiver

Dear

We are writing to you about the **Growing Up in Ireland** study. As you may remember, your family was part of the study a number of years ago when your 13-year-old, (name), was 9 years old.

We are now getting ready to contact the **Growing Up in Ireland** families again, to see how things have changed since our last visit. We would like to invite your family to take part in the pilot of the **Growing Up in Ireland** survey with 13-year-olds and their families. The purpose of a pilot is to test the survey questionnaires, and show where improvements are needed, before we begin the main **Growing Up in Ireland** survey in 2021. An interviewer will not visit your home – all parts of the survey will be carried out over the telephone or online. In the coming days a member of our fieldwork team will telephone you to talk to you about **Growing Up in Ireland**, to explain what your participation involves and to answer any questions you may have.

Growing Up in Ireland is the most important study of its kind ever to take place in this country. It is funded by Government to help researchers understand the main issues facing children and young people growing up in Ireland. In this way, it is helping to provide advice to Government on key decisions about future policies and services.

Growing Up in Ireland is a Government study which is funded by the Department of Children and Youth Affairs (DCYA) and is overseen and managed by DCYA in association with the Central Statistics Office. The survey is being carried out for Government by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

Growing Up in Ireland is carried out under Section 24 of the Statistics Act (1993). This Act guarantees the confidentiality of information provided in the survey questionnaires. It also means that the information can only be used for statistical research purposes. **As with the earlier interviews, taking part in Growing Up in Ireland is entirely voluntary.** All the information collected in the course of the survey is treated in the strictest confidence.

Please visit www.growingup.ie, click on the red 'Information for Participants' tab and follow the link for further information (you will need to use the password GUI2020), including:

- A copy of this Household Letter
- A Parent/Guardian Information Sheet and Consent Forms, which your interviewer will talk to you about
- A Young Person Information Sheet and Assent Form, which we would ask you show your 13-year-old
- Highlights of the things we learned about the lives of 9-year-olds and their families from the previous round of the study
- Videos showing what is involved in participating at this phase of **Growing Up in Ireland**.

If you have any queries about the study or your involvement in it, please do not hesitate to contact Ms Caroline Goodwin at growingup@esri.ie.

Thanking you in anticipation,

Yours sincerely,

A2. Information Sheet for Parents including consent forms

INFORMATION SHEET FOR PARENTS AND GUARDIANS

Your 13-year-old was one of more than 11,000 children and their families who first took part in the **Growing Up in Ireland (GUI)** survey when the children were nine months of age in 2008/09. **Growing Up in Ireland** follows the progress of the same group of children over time. Government and others are using this information to help improve our understanding of all aspects of the lives and needs of children, young people and their families.

We would like to interview you and your child again in the next few weeks (at a time which suits your family) to find out how they have grown and changed over recent years. Unlike previous phases, an interviewer will not visit your home. All parts of the survey will be carried out over the telephone or online.

Who is running the study?

Growing Up in Ireland is funded by Government through the Department of Children and Youth Affairs (DCYA). It is overseen and managed by the DCYA in association with the Central Statistics Office (CSO). The study is being carried out for DCYA by a group of independent researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin.

What is the purpose of the study?

Growing Up in Ireland is the first and most important study 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 young people and their development. It will build a bank of information about the lives of children in Ireland today and into the future which will:

- Tell us how children and young people 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 children think of their own lives and learn what it means to be a child growing up in Ireland.
- Provide information which will help Government to make good decisions about issues relating to children and young people.

What does taking part involve?

This phase of **Growing Up in Ireland** will be different in that an interviewer will not visit your home. Instead they will telephone you and ask you to complete a survey over the 'phone. Your interviewer will record your responses on a computer and return them to Head Office after your interview. The interview will take approximately 30 minutes.

You will then receive an email with a link to a short online survey which contains some additional questions. You will also receive an email with a link to an online survey for your 13-year-old.

Whether you take part in the survey or if you decide not to take part, it will in no way affect any health, educational or social care which you or your family will receive from the State.

How we deal with issues of confidentiality

Information in the GUI survey is collected under section 24 of the Statistics Act (1993). This Act provides a legislative basis for the compilation and dissemination of official statistics by the Central Statistics Office. It ensures that the information you provide can only be used for statistical purposes. Your personal data will remain strictly confidential and will not be disclosed to anyone outside of the GUI Study. Reports based on the information collected by GUI will not include any information that would identify you or your family.

However, if an interviewer is told something outside the answers given to the direct survey questions which causes them to have serious concerns for the welfare of a child, or other vulnerable person, they may have to tell someone who could help.

The answers to the survey questions can be used only for statistical research purposes. The information given by your 13-year-old in answer to the questions on the survey will not be seen by anyone else in your family – not even you will have access to it. The study's Respondent Privacy Statement is available [here](#).

In order to make the best use of the information you provide, the Central Statistics Office, operating under the strictest controlled procedures in line with the Statistics Act and the General Data Protection Regulation (GDPR), may match your data to other types of information. This would only be done for statistical research purposes and the results of the analysis will not in any way allow you or your family to be identified. For more information see www.cso.ie/en/aboutus/lgdp/csodatapolicies/informationfordataproviders.

What kind of questions will my family be asked?

The types of questions we ask will be similar to before. There will be questions about things like your 13-year-old's health, education and play. We will also ask you some questions about your own health, relationships, socio-emotional life and family life.

The questions are straightforward, though some are quite detailed. You will be asked about how COVID-19 has affected your family. Some questions will address relatively sensitive issues, like your family's income, your relationship with your spouse or partner (if relevant) and family life. You can choose to skip over any of the questions if you do not wish to answer them.

With your permission, your 13-year-old will be asked questions about their home and school life; their interests and the activities they enjoy; and their relationship with you, siblings and friends. They can choose not to answer some (or all) questions if they want to. Click [here](#) to see a video about the questions your child will be asked. We want to make sure that as many 13-year-olds as possible take part and have a voice in the **Growing Up in Ireland** study, but you can choose not to have your 13-year-old complete more sensitive questions if you prefer.

Following up in a few years' time

As this is a longitudinal study taking place over time, we may wish to return to your household again in a few years' time.

Who are the interviewers?

The interviewer who will telephone you is from the ESRI. Each interviewer has been specially trained for **Growing Up in Ireland** and has been vetted by An Garda Síochána and appointed as an Officer of Statistics by the CSO. Procedures relating to child protection in **Growing Up in Ireland** are informed by the Children First National Guidance, 2017.

You can check the identity of your interviewer or let us know if you were unhappy with the way the interview was conducted by emailing growingup@esri.ie.

What are my rights if I take part?

- You and your family may choose to withdraw from the study at anytime.
- If there are any questions which you do not wish to answer, you do not have to do so.

The study's Respondent Privacy Statement is available [here](#).

Your participation counts

- Just as before, taking part in the study is voluntary.
- Your participation will play a major role in the success of **Growing Up in Ireland**.
- We hope that you can support us with this important work, and we would like to thank you, in advance, for your help.

Where can I find out more information?

- **Email:** growingup@esri.ie **Website:** Visit www.growingup.ie
- **Social Media:** To find out about what researchers have found out so far please follow us on social media:



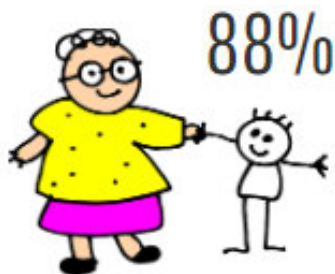
https://www.instagram.com/growing_up_in_ireland/



[@GrowingUplre](https://twitter.com/GrowingUplre)

A3. Infographic for Parents

Highlights from the Key Findings about 9-year-olds



88%

Grandparents

88% of 9-year-olds had a close relationship with a grandparent

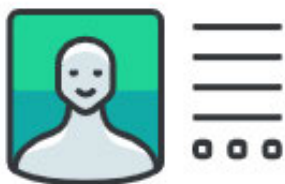
5 out of 20



Overweight

17% of 9-year-olds were overweight and 5% were obese

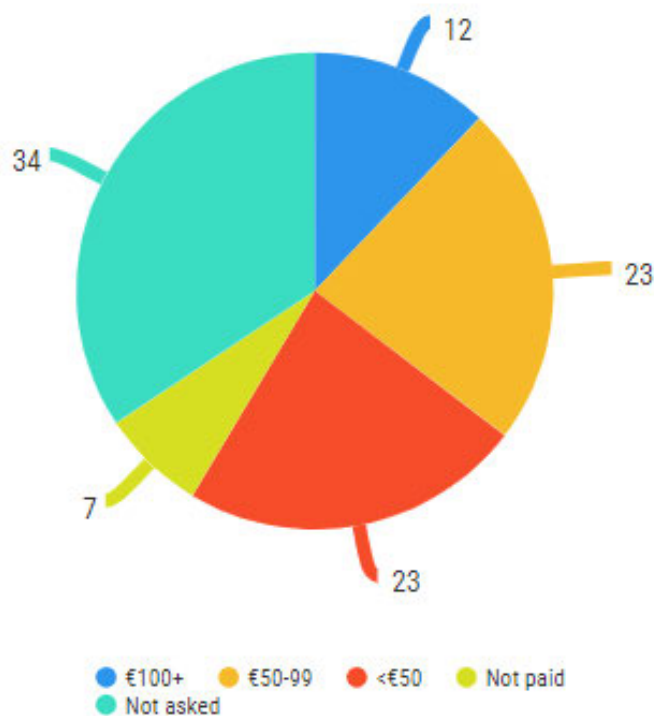
Almost 1 in 4 children had an online profile



7% Social media profile

14% Computer game profile

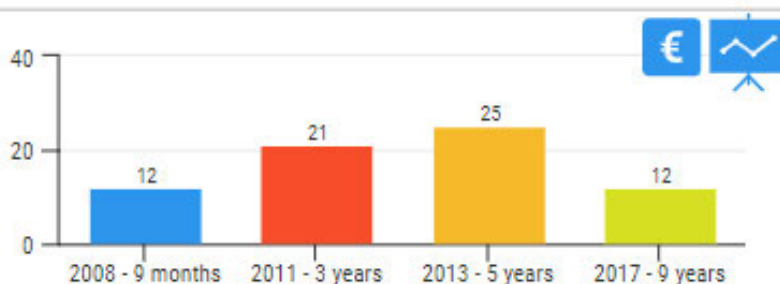
2% Both profile types



Voluntary Contributions to Schools

Nearly two-thirds of parents were asked to make a voluntary financial contribution to their child's school.

One-third of parents paid €50 or more.



Changes in financial stress over time

The percentage of families under financial stress peaked in 2013 at 25% - when the child was aged 5 years

Source: Growing Up in Ireland Key Findings at 9 (Nov 2018)

A4. Young Person Information Sheet (incorporating assent points)

INFORMATION SHEET FOR YOUNG PERSON

Hey there!

You may remember that when you were younger an interviewer from **Growing Up in Ireland** called to your home to ask you some questions about what your life was like. The interviewer also spoke to your parents about what life as a parent is like.

Now that you have turned 13 years old, we would like to see how things have changed in the last few years. You are much older now, have changed schools and probably have some different interests and hobbies. We would like to find out about some of these changes that have taken place.

This information sheet will remind you 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 taking part in the survey!

What's Growing Up in Ireland all about?

Growing Up in Ireland is a very important Government survey that aims to find out what life is like for children growing up in Ireland. We are a team of researchers called the **Growing Up in Ireland** Study Team, and we are carrying out the **Growing Up in Ireland** survey for the Government.

In 2008 11,000 infants were chosen at random to be part of **Growing Up in Ireland** – and you are one of them. Since then we have collected information about you at different ages. Returning to the same young people to interview them every few years gives us a really complete picture of what life is like for them. Now that you are 13, we would like to collect information again and see how things have changed as you have grown.

When you took part before an interviewer called to your house and recorded your answers on a computer. This time we would like you to fill in your own survey answers online. Your interviewer will talk to you and your parents on the 'phone to explain how this will work. They will leave their 'phone number with you in case you have any extra questions after talking.

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

Growing Up in Ireland is a really important survey. It collects information that will help the Government to understand children's lives better. This information will also help Government to make good decisions about things that affect children and young people and things that will help improve their lives.

Why was I chosen?

All the young people taking part in **Growing Up in Ireland** were chosen at random in 2008 when they were 9-months old. This was the best way to make sure we included children from different kinds of families and from different parts of the country. This gives us a good picture of what it is like to be growing up in every part of Ireland.

What does Growing Up in Ireland tell us?

The survey gives us lots of information about the lives of children and young people. For instance, it gives us information about your health, your interests and activities, your education, and your relationships with your family and friends. Your answers will also let us know the effect the COVID-19 lockdown is having on you and your friends.

Will this information be kept confidential?

All the information you give us in answer to the questions on the **Growing Up in Ireland** survey will be treated as strictly confidential and private. Nobody outside the GUI Study will be able to see your answers. Your answers to the survey questions are completely confidential under a law referred to as the Statistics Act (1993). Your name and other personal details will never appear in any reports from the survey. The answers you give in the survey can only be used for statistical research purposes.

However, if the interviewer hears or is told something outside of your answers to the direct survey questions, which causes them to have serious concerns for your welfare, or the welfare of another child or other vulnerable person, they might have to tell someone who could help.

In order to make the best use of your answers to the questions, this information may be matched to other types of information. This would only be done under strictly controlled procedures. The information could only be used for statistical research purposes and will not in any way allow you or your family to be identified.

What are my rights if I take part?

You can decide to take part in the survey. You can also decide to change your mind and withdraw from the survey at any time – even after you have completed the questionnaire. If there is any question on the questionnaire you do not wish to answer, you do not have to do so.

You can find more information about your rights [here](#).

Your participation counts!

Taking part in ***Growing Up in Ireland*** is voluntary. The participation of young people like you plays a major role in its success. It is only by carrying out research like this that we can understand what it is like to be a young person in Ireland today and how Government can help make life better.

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?

- **Email:** growingup@esri.ie
- **Website:** Visit www.growingup.ie

A5. Young Person Infographic



The story of being 9 years old

 <h3 data-bbox="191 840 359 907"><i>Organised activities</i></h3> <p data-bbox="183 918 375 1232">The most popular organised activities for 9-year-olds involved sport: two-thirds were part of a team. One-third of 9-year-olds took part in music or dance activities.</p>	 <h3 data-bbox="454 840 614 907"><i>Favourite activity</i></h3> <p data-bbox="438 918 646 1232">One-third of boys said football was their favourite way to spend their free time (just 5% of girls said this). Girls were more likely to prefer reading and writing or crafts (around 15% each).</p>	 <h3 data-bbox="718 840 869 907"><i>Using the internet</i></h3> <p data-bbox="694 918 901 1153">At age 9 years, playing games and watching YouTube videos were the most popular reasons for using the internet (8-out-of-10 children did these).</p>	 <h3 data-bbox="965 840 1141 907"><i>Helping at home</i></h3> <p data-bbox="957 918 1165 1187">Many 9-year-olds did chores to help around the home. They were most likely to do tasks such as helping with brothers and sisters, looking after pets or hoovering.</p>	 <h3 data-bbox="1252 840 1380 907"><i>School subjects</i></h3> <p data-bbox="1220 918 1412 1220">'Reading' was the most popular subject - 62% of 9-year-olds "always liked" it. Nearly half said they always liked maths but just 22% always liked Irish.</p>
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A6. Support Lines for Parents





A6. Support Lines for Parents

Support Services for Parents: Useful Information and Contact Details





This is a list of the main support organisations which can help parents deal with a range of issues. We are giving you this information sheet in case you have any further questions about some of the issues raised in the course of the survey. If you have any questions about the *Growing Up in Ireland* study, please contact the Study Team by email: growingup@esri.ie.

General

Barnardos works directly with families and children providing support with well-being, separation, domestic abuse, death, bullying, drugs and alcohol.

-  1850 222 300 (general enquiries)
-  1800 910 123 (Covid-19 telephone support service: 10am to 2pm Monday to Friday)
-  info@barnardos.ie
-  www.barnardos.ie/resources/young-people

Parent-Line is a resource for parents that provides support, guidance and information on all aspects of parenting.




-  LoCall 1890 927 277 (Monday – Thursday 10am to 9.00pm and Friday 10am to 4.00pm)
-  www.parentline.ie
-  info@parentline.ie
-  twitter.com/ParentlineIre

Alcohol/Drugs




Drugs.ie is a website that provides information on drugs and alcohol with sections for both teens and parents. It lists services such as treatment and rehabilitation available in each county.

-  www.drugs.ie

The HSE Drugs and Alcohol Helpline is a free, active listening helpline and email support service offering non-directive support, information, guidance and referral to anyone with a question or concern related to substance abuse. They take calls from people with a concern in relation to themselves, their family or their friends. They can also be contacted by email.

-  1800 459 459 (Monday – Friday, 9.30am to 5.30pm)
-  helpline@hse.ie
-  www.hse.ie/go/drugshivhelpline

Al-Anon offers understanding and support for families and friends of problem drinkers in an anonymous environment. At AlAnon Family Group meetings, the friends and family members of problem drinkers share their experiences and learn how to apply the principles of the AlAnon program to their individual situations.

-  01-873 2699 (10am – 10pm every day)
-  info@alanon.ie
-  www.alanon.ie




Gambling

Gamblers Anonymous (G.A.) is a fellowship of men and women who share their experience with each other to solve their common problem and help others to recover from a gambling problem. Their website contains a link to local G.A. meetings. The site also lists **Gam-Anon** meetings for family and friends who have been affected by somebody's gambling problem.

-  www.gamblersanonymous.ie
-  info@gamblersanonymous.ie
-  Dublin: 087-748 5878 (10am – 10pm)
-  Cork: 087-285 9552
-  Galway: 086-349 4450 or email: galwayga@gmail.com
-  Tipperary: 085-783 1045
-  Waterford: 087-185 0294
-  Kerry: 087-426 6633

Physical and Mental Health


The Samaritans is a 24-hours a day, 365 days a year support service for anyone who is experiencing feelings of distress or despair, including those who have thoughts of suicide, and want someone to talk to. Their website lists the addresses and opening hours of their nationwide branches. They also provide a free-phone number that can be called from anywhere in the Republic of Ireland.

-  Freephone 116 123 Or TEXT 087 260 9090
-  jo@samaritans.org
-  www.samaritans.org/ireland/samaritans-ireland



Your Mental Health Information Line is a phone service you can call anytime – 24hours a day.

A member of the team can tell you about:

- the mental health supports and services available to you
- how to access different services provided by the HSE and their funded partners




 Freephone 1800 111 888

Healthpromotion.ie provides health advice on a range of topics such as healthy eating, smoking cessation and heart health. It also lists contact numbers for HSE Health Promotion & Improvement Offices in all counties.

-  healthinfo@hse.ie
-  www.healthpromotion.ie

Crime




The Crime Victims Helpline provides support to victims of crime in Ireland. Their aim is to support, inform and empower victims of crime. They can provide information about the criminal justice system and make referrals to other resources in your local community.

-  Freephone 116 006 (Monday, Wednesday, Friday 10am to 5pm, Tuesday, Thursday 10am to 6.30pm Saturday & Bank Holidays 2pm to 4pm, Sunday - closed) or Text 085 133 7711
-  info@crimevictimshelpline.ie
-  www.crimevictimshelpline.ie




The Dublin Rape Crisis Centre offers support services around sexual abuse issues, e.g. counselling and accompaniment services. Their website provides links to Rape Crisis Centres around Ireland listing the contact details and websites of each centre. The national helpline number takes calls from anywhere in the country and operates 24 hours a day, 365 days a year.

-  Freephone 1800 778 888
-  counselling@rcc.ie
-  www.drcc.ie

Men's Aid provides support services for male victims of domestic abuse.

-  General: 01-539 4277/ Confidential national support line: 01-554 3811 (Monday –Friday, 9am to 5pm)
-  Hello@mensaid.ie
-  www.mensaid.ie

Women's Aid provides support services for female victims of domestic abuse.

-  Freephone 1800 341 900 (Available 24/7)
-  helpline@womensaid.ie
-  www.womensaid.ie - an instant messaging service is available on the website 7 nights a week from 7pm to 10pm. During the COVID19 crisis the messaging service is also available Monday to Friday 10am to 1pm, Saturday 12pm to 3pm and Sunday 11am to 1pm.

If you would like more information on *Growing Up in Ireland*, please contact us by email: growingup@esri.ie

Note: You should always inform TUSLA if you have reasonable grounds for concern that a child may have been, is being, or is at risk of being abused or neglected. You can report your concern in person, by telephone or in writing to the local social work team in the area where the child lives. You can find contact details for social work teams and more information about reporting a concern at: <https://www.tusla.ie/children-first/parents-and-guardians/how-do-i-report-a-concern-about-a-child>. If a child is in danger outside office hours or is in immediate danger you can contact the Gardaí: 999 or 112.

A7. Support Lines for Young Person

A7. Support Lines for Young Person

Support Services for Young People: Useful Information and Contact Details

This is a list of the main support organisations which can help young people deal with a range of issues. We are giving you this information sheet in case you have any further questions about some of the issues raised in the course of the survey.

If you have any questions about the *Growing Up in Ireland* study, please contact the Study Team by email: growingup@esri.ie.

General

Child-Line gives support to young people through a free-phone 24-hour listening service. They also have lots of information about issues such as depression, disability, eating disorders and gender identity on their website.

☎ 1800 666 666 or text 'talk' to 50101

🌐 www.childline.ie

Teen-Line is a free-phone service available 24-hours a day, 365 days a year. Teen-Line Ireland's volunteers are ordinary, every-day people who understand that young people need to be heard – they volunteer to listen.

☎ 1800 833 634

🌐 www.ispcc.ie/teenline

Changing Futures is a website for young people made by young people with experience of TUSLA services. It has a section for 10-15yr olds that has advice on what to do if you are worried about something.

☎ 0818 776 315 (Monday – Friday 9am to 5pm), Text or WhatsApp 086 014 2775

🌐 www.changingfutures.ie/10-15/are-you-worried

Alcohol/Drugs

Drugs.ie is a website that provides information on drugs and alcohol with sections for both teens and parents. It lists services such as treatment and rehabilitation available in each county.

🌐 www.drugs.ie

The HSE Drugs and Alcohol Helpline is a free, active listening helpline and email support service offering non-directive support, information, guidance and referral to anyone with a question or concern related to substance abuse. They take calls from people with a concern in relation to themselves, their family or their friends. They can also be contacted by email.

☎ 1800 459 459 (Monday – Friday, 9.30am to 5.30pm)

✉ helpline@hse.ie

🌐 www.hse.ie/go/drugshivhelpline

AI-Anon offers understanding and support for families and friends of problem drinkers in an anonymous environment. At AIAnon Family Group meetings, the friends and family members of problem drinkers share their experiences and learn how to apply the principles of the AIAnon program to their individual situations.

☎ 01-873 2699 (10am – 10pm every day)

✉ info@alanon.ie

🌐 www.alanon.ie

Physical and Mental Health


The Samaritans is a 24-hours a day, 365 days a year support service for anyone who is experiencing feelings of distress or despair, including those who have thoughts of suicide, and want someone to talk to. Their website lists the addresses and opening hours of their nationwide branches. They also provide a free-phone number that can be called from anywhere in the Republic of Ireland.

☎ Freephone 116 123 or TEXT 087 260 9090

✉ jo@samaritans.org

🌐 www.samaritans.org/ireland/samaritans-ireland


The following websites also provide a lot of advice and support about mental health:

-  www.jigsaw.ie
-  www.aware.ie
-  www.yourmentalhealth.ie
-  www.pieta.ie


Your Mental Health Information Line is a phone service you can call anytime – 24hours a day.

A member of the team can tell you about:


- the mental health supports and services available to you
- how to access different services provided by the HSE and our funded partners


 Freephone 1800 111 888

The B4udecide website provides lots of advice for both parents and teens on things like relationships, contraception and sexually transmitted infections.

 www.b4udecide.ie


Healthpromotion.ie provides health advice on a range of topics such as healthy eating, smoking cessation and heart health. It also lists contact numbers for HSE Health Promotion & Improvement Offices in all counties.


 healthinfo@hse.ie


 www.healthpromotion.ie

LGBT Ireland provides lots of advice on topics such as coming out and gender expression. The site gives details of LGBT+ support groups around the country. There is a confidential instant messaging page which is available every evening.


 www.lgbt.ie


 info@lgbt.ie

 1890 929 539 – LGBT Helpline

 01 907 3707 – Gender Identity Family Support Line

Bodywhys is the national organization supporting people affected by eating disorders. Their website gives details on the services they offer – a helpline, support groups around the country (a group for people with eating disorders and another for families and friends), online support groups, teen only online support groups and email support.

 01-210 7906 (Monday, Wednesday & Sunday evening 7.30pm - 9.30pm and Saturday 10.30am - 12.30pm)

 alex@bodywhys.ie


 www.bodywhys.ie

Crime

The Crime Victims Helpline provides support to victims of crime in Ireland. Their aim is to support, inform and empower victims of crime. They can provide information about the criminal justice system and make referrals to other resources in your local community.


 Freephone 116 006 or Text 085 133 7711


(Monday, Wednesday, Friday 10am to 5pm, Tuesday, Thursday 10am –6.30pm, Saturday & Bank Holidays 2pm – 4pm, Sunday - closed)

 info@crimevictimshelpline.ie

 www.crimevictimshelpline.ie

CARI (Children at Risk in Ireland) provides therapy and support for children affected by child sexual abuse, e.g. child and adolescent therapy, parental support and court accompaniment. Their specialised helpline service operates from Monday – Friday, 9.30am to 5.30pm.

 Locall 1890 924 567

 helpline@cari.ie

 www.cari.ie

If you would like more information on *Growing Up in Ireland*, please contact us by email: growingup@esri.ie

Appendix B.

13Yr Questionnaires

(incorporating Pilot Questions and Proposed Questions for Main Phase)

B1. Primary Caregiver Main Questionnaire



**Growing Up
in Ireland**
National Longitudinal
Study of Children

ESRI ECONOMIC & SOCIAL
RESEARCH INSTITUTE



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

**An
Phríomh-Oifig
Staidrimh**

Central
Statistics
Office

**Trinity
College
Dublin**
The University of Dublin

GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

PRIMARY CAREGIVER QUESTIONNAIRE – 13-year Pilot (Reduced version)

GROUP

H'HOLD

YOUNG PERSON #

Interviewer Name _____

Interviewer Number

Time Started

Date ____ ____ day ____ mth ____ year

Almost four years have passed since you and your family were interviewed as part 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 last visit. We are now seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 1½ - 2 hours to complete [INTERVIEWER: Adjust as appropriate for you in the field].

Some of the questions are about your experiences during the recent Covid-19 pandemic (also known as Coronavirus) and the Government restrictions which were in place. Some of the questions are about 'normal' times before the restrictions were put in place.

All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If, however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Children and Youth Affairs is funding the study and is managing it in association with the Central Statistics Office. A group of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin (TCD) is carrying out the study.

Twin – (Twin subscript) questions to be asked of twins. SCG – (SCG subscript) questions to be asked of SCG.

A. HOUSEHOLD COMPOSITION

A1. [INTERVIEWER: I'd like to begin by speaking to <primary caregiver at previous wave>. Is <primary caregiver at previous wave> still resident in the household?

Yes ₁

No ₂

→

A2. Do you have a spouse/partner who lives here with you in the household? Include spouse/partner temporarily working away from home.

Yes ₁

No ₂

x A3. How many people in total (including yourself and <child>) live here regularly as members of the household? _____ persons

x A4. How many of these are brothers or sisters of <child>? _____ persons

A5. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at previous wave] people lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.

A6. *The name, sex, date of birth, and relationship of each person to the <PCG at previous wave> and <child> will be checked and edited where necessary and their residency in the household at this wave confirmed.*****

No.	First name	Sex		Date of Birth	Age If DOB not available	Still resident?		Relationship of each member to PCG and child.		(E) Main activity						
		M	F			Y	N	R'SHIP TO:	R'SHIP TO:	Not yet at school/Ed	At	Unemploy	Retired	Home	Other	
								Mother	Child							
1		<input type="checkbox"/> 1 <input type="checkbox"/> 2	----		<input type="checkbox"/> 1 <input type="checkbox"/> 2			////								
2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	----		<input type="checkbox"/> 1 <input type="checkbox"/> 2			////								
3		<input type="checkbox"/> 1 <input type="checkbox"/> 2	----		<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
4		<input type="checkbox"/> 1 <input type="checkbox"/> 2	----		<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
5		<input type="checkbox"/> 1 <input type="checkbox"/> 2	----		<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
6		<input type="checkbox"/> 1 <input type="checkbox"/> 2	----		<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
7		<input type="checkbox"/> 1 <input type="checkbox"/> 2	----		<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
8		<input type="checkbox"/> 1 <input type="checkbox"/> 2	----		<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	

Interviewer: Primary Caregiver should be on line 1.

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

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

A7. Has anyone else joined the household since we last spoke and is currently living with you?

Yes 1

No 2 → Go to A8

INT: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID BELOW INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]

No	First Name	Sex		Date of Birth	Age If DOB not avail.	Relationship of each member to PCG and child		Since when have they been living with you		Resident Y/N	Main activity						
		M	F			Mother	Child	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
		<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

A8. 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 <PREVIOUS WAVE PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT THIS WAVE.

A9. When we last spoke in [MM/YY], we interviewed you as the primary caregiver of <child>. We would like you to complete the primary caregiver questionnaire with us on this occasion as well. Can I just check, are you still the primary caregiver of <child>?

Yes 1 **Go to A20**

No 2

A10. Why is that? -----

**IF PRIMARY CAREGIVER FROM PREVIOUS WAVE HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:
A11. 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]]

Go to A20

IF PRIMARY CAREGIVER AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD, ASK A7a – A8c.

A12. Are you the parent / legal guardian of <child> who usually provides the most care to him/her?

Yes 1 → **Go to A13** No... 2 [INT: Ask to speak to PCG; → Go to A13 with PCG]

A13. Can you please tell me which of the following best describes your relationship to <child>?^{SMA01}
[Interviewer use codes only]

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

A14. 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

xA8a. How many of these are brothers/sisters of <child>? _____ persons

A17. 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	Age If DOB not available	Was this Person Resident at previous wave?		Relationship of each member to mother and child.		(E) Main activity						
										Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
		M	F			Y	N									
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

A18. 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

A19. Since when has this person being living here in the household? _____(year) [if current or previous year] _____ month

Go to A20

A20. Does <child> have any full / half / step / adoptive brother(s) or sister(s) who live outside the household?

Yes 1 No 2

A21. How many full / half / step / adoptive brother(s) or sister(s) does <child> have who live outside the household? _____

A22. 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> _____
2. Male 1 Female 2 Date of Birth ___/___/____ Relationship to <child> _____
3. Male 1 Female 2 Date of Birth ___/___/____ Relationship to <child> _____

Z: Covid-19 Experiences

Now some questions about your experience during the Covid-19 restrictions.

Z1 Are there any members of the household who are, or were, at increased risk of severe Covid-19 disease due to age or a pre-existing condition? [Tick all that apply]

a. Yes, me	<input type="checkbox"/> 1
b. Yes, my 13-year-old	<input type="checkbox"/> 2
c. Yes, someone else	<input type="checkbox"/> 3
d. No, nobody in the household is at increased risk	<input type="checkbox"/> 4

Z2 Thinking now of the most recent Level 5 restrictions when the schools were closed, please say whether each of the following was always true, sometimes true or not true for you. **scg**

	TRUE	SOMETIMES TRUE	NOT TRUE
a. I enjoyed the extra time with my family.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. My family members argued more than usual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. We did more activities together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. It was difficult to balance work and family life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. I missed having time alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. I enjoyed the chance to slow down	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. I worried about the virus infecting me or someone else in my family.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. The increase in childcare responsibilities was stressful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Supervising my child's school work was stressful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. I spent more time than usual on housework.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Apart from work, I spent more time online than usual.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. I spent more time than usual taking care of the children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
[Routing: ask next item if PCG has a partner living in household]			
m. My partner spent more time than usual on housework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. My partner spent more time than usual taking care of the children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Z2. Was your employment situation or way of working affected by Covid-19 in any of the following ways? [Tick all that apply, Column A in table below]

Z3. [If SCG in household] And what about your partner? Was their employment situation or way of working affected by Covid-19 in any of the following ways? [Tick all that apply, Column B in table below]

	A. Self	B. Partner
e. Loss of employment	<input type="checkbox"/> 1	<input type="checkbox"/> 1
f. Temporary lay-off	<input type="checkbox"/> 2	<input type="checkbox"/> 2
g. Unable to start new job	<input type="checkbox"/> 3	<input type="checkbox"/> 3
h. Had to take paid leave	<input type="checkbox"/> 4	<input type="checkbox"/> 4
i. Had to take unpaid leave	<input type="checkbox"/> 5	<input type="checkbox"/> 5
j. Reduction in usual hours worked	<input type="checkbox"/> 6	<input type="checkbox"/> 6
k. Increase in usual hours worked	<input type="checkbox"/> 7	<input type="checkbox"/> 7
l. Started new job during the Covid-19 crisis	<input type="checkbox"/> 8	<input type="checkbox"/> 8
m. Started remote working from home	<input type="checkbox"/> 9	<input type="checkbox"/> 9

n. Increased number of remote hours working from home	<input type="checkbox"/> _10	<input type="checkbox"/> _10
o. Was reassigned to a different kind of work	<input type="checkbox"/> _11	<input type="checkbox"/> _11
p. Other (please specify)	<input type="checkbox"/> _12	<input type="checkbox"/> _12
q. Not working immediately prior to Covid-19	<input type="checkbox"/> _13	<input type="checkbox"/> _13
r. None of the above	<input type="checkbox"/> _14	<input type="checkbox"/> _14

Z3. Were you in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then? **scg**

Yes ... _1 → Go to Z4 No ... _2 → Go to Z5_check

Z4. Was your employment situation or way of working affected by Covid-19 in any of the following ways? **scg** [Tick all that apply]

a. Loss of employment (losing your job or temporary lay-off)	<input type="checkbox"/> _1
b. Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment)	<input type="checkbox"/> _2
c. Increase in usual hours worked	<input type="checkbox"/> _3
d. Started remote working from home	<input type="checkbox"/> _4
e. Increased number of remote hours working from home	<input type="checkbox"/> _5
f. Other change (including starting a new job, being assigned to different work)	<input type="checkbox"/> _6
g. None of the above	<input type="checkbox"/> _6

Z5_Check Does PCG have a partner living in the household? Yes ... _1 → Go to Z5 No ... _2 → Go to Z7

Z5. Was your partner in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then?

Yes ... _1 → Go to Z6 No ... _2 → Go to Z7

Z6. Was your partner's employment situation or way of working affected by Covid-19 in any of the following ways? [Please tick all that apply]

a. Loss of employment (losing their job or temporary lay-off)	<input type="checkbox"/> _1
b. Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment)	<input type="checkbox"/> _2
c. Increase in usual hours worked	<input type="checkbox"/> _3
d. Started remote working from home	<input type="checkbox"/> _4
e. Increased number of remote hours working from home	<input type="checkbox"/> _5
f. Other change (including starting a new job, being assigned to different work)	<input type="checkbox"/> _6
g. None of the above	<input type="checkbox"/> _6

Z7. Did your household receive any of the following during the Covid-19 pandemic? [Tick all that apply]

Pandemic Unemployment Payment	<input type="checkbox"/> _1
Other regular social welfare payment (excluding Child benefit)	<input type="checkbox"/> _2
None of these	<input type="checkbox"/> _3

Z8. Think now about your financial situation as a result of the crisis. Did your household income ...

Fall a lot	Fall a little	Remain the same	Increase a little	Increase a lot
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

Z6. Thinking now about any changes that have continued after the Covid19 measures, do you continue to experience any of the following [Tick all that apply] ...

Work fewer hours	<input type="checkbox"/> _1
Work more hours	<input type="checkbox"/> _2
Work from home regularly for at least part of the time	<input type="checkbox"/> _3
spend more time on housework or childcare	<input type="checkbox"/> _4
[If has partner] My partner spends more time on housework or childcare	<input type="checkbox"/> _5

Z9. Overall, when the Covid19 restrictions were at their strongest (around April 2020), how much exercise did you get compared to before the restrictions? SCG

A lot more	A little more	About the same	A little less	A lot less
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

ZH33. Did your household receive any of the following during the Covid-19 crisis? [Yes; No]
 Pandemic Unemployment Payment / Other regular social welfare payment (excluding Child benefit)

B. 13-YEAR-OLD'S HEALTH AND DISABILITIES

Now I would like to ask you a few questions regarding <child>'s health.

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 of the following long-lasting conditions or difficulties? [Tick one box on each line]

	Yes to a great extent	Yes to some extent	No
a. Blindness or a vision impairment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Deafness or a hearing impairment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. An intellectual disability or general learning disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. A difficulty with learning, remembering or concentrating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. A psychological or emotional condition or mental health issue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. A difficulty with breathing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. A difficulty with pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Any other on-going chronic physical or mental health problem, illness or disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

[Interviewer Prompt: please be sure to include here any conditions not already covered; these might be Autistic Spectrum Disorder, Asperger syndrome, speech impediment, an assessed syndrome (such as Down syndrome, Tourette syndrome), Acquired Brain Injury, or any other longstanding condition or disability]

B3. Just to be sure we are not missing anything, please tell me whether <child> has any of these conditions that you have not included above [Interviewer: Tick one of the three boxes; If condition is already included above, tick 'no'; If more than one, tick 'to a great extent' or 'to some extent' with respect to the most serious]

- ADHD (Attention Deficit Hyperactivity Disorder)/ ADD
- Autism Spectrum Disorder (Asperger Syndrome, Autism)
- A specific learning disability (e.g. Dyslexia, Dyscalculia, Dyspraxia)
- A difficulty in communicating (including speech impediment)
- An assessed syndrome (including Down Syndrome, Tourette Syndrome)
- Acquired brain injury
- Any other longstanding illness, condition or disability

}	Yes to a	Yes to	
	great extent	some extent	No
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

B4. As a result of a long-lasting condition, does <child> have any difficulty doing any of the following? [Tick one box on each line]

	Yes a lot	Yes a little	No
a. Dressing, bathing or getting around inside the home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Going outside the home, such as to the shops or going out to meet friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Attending school and participating in school work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Participating in other activities, for example leisure or using transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

[INTERVIEWER: Is there any 'yes' response to xB2a OR xB2a1 OR xB2b, above? Yes.....1 → Go to B5 No ... 2 → Go to B9]

B5(B3). What is the nature of this condition or difficulty? Please describe as fully as possible.

[Interviewer: write responses in the table below. Please record diagnosis or assessed condition, if possible. If more than one, record up to three in order of seriousness.

[INT: ask xB4 to B5b for each condition at xB3]

B6 (B4). Has this condition or difficulty been diagnosed or assessed by a relevant professional?

B7 (B5). Since when has <child> had this condition or difficulty? [Record year parent first became aware of condition (not necessarily diagnosed); If current or previous year, record month as well]

B7b. Has <child> been prescribed any medication for this condition or difficulty?

Condition	B5 Nature (diagnosis/assessment)	B6 Diagnosed/assessed?			B7. Since when? Year Mon*	B7b Medication?		B8 Hampered? Yes severely; yes to some extent; no
		Yes	No	Awaiting Consultation		Yes	No	
Condition 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
Condition 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
Condition 3		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	

*Record month if year=current or previous calendar year.

[Ask all B9-B13]

'Please think about 'normal' times, rather than during the Covid-19 restrictions'

B9 (B7). Please indicate if <child> receives support from any of the following IN OR THROUGH SCHOOL

[Tick all that apply]

- Resource Teaching/ Learning Support.....1
- Special Needs Assistant.....2
- Reduced timetable.....
- Psychological/behavioural support.....
- Technical Assistance or assistive technology.....3
- Visiting Teacher.....4
- Transport Service.....5
- Speech and Language Therapist.....6
- Behavioural Management Programme/Behaviour Practitioner Support.....7
- School psychologist.....8
- Assistive technology
- Other therapeutic support (speech + drama/ occupational therapy)
- National Educational Psychological Service.....9
- Nursing Support.....10
- Occupational Therapist support.....11
- Other (please specify).....12
- Doesn't receive any supports.....13

xB6b (B8). When the schools are open, Does <child> have a reduced timetable at school or a shorter school day, because of a condition or disability? [Twin] Yes ...1 No ... 2

'Please think about 'normal' times, rather than during the Covid-19 restrictions'

B10 (B9). Please indicate if <child> receives support from any of the following OUTSIDE SCHOOL

[Tick all that apply]

- Speech and Language Therapist.....1
- Occupational Therapist.....2
- Physiotherapist.....3
- Psychologist.....4
- Psychiatrist.....5
- Extra tuition/private tuition.....6
- Other (please specify).....7
- Doesn't receive any supports.....8

'Please think about 'normal' times, rather than during the Covid-19 restrictions'

B11. Does <child> have a reduced timetable at school or a shorter school day? Yes 1 No 2

B12 How satisfied are you that this reduced timetable/shorter school day meets the needs of <child>?				
Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B13. In general, how adequate are the supports <child> receives for this/these condition(s) or disability(ies)

Barely adequate	Good	Excellent	Doesn't receive any supports: none needed	Doesn't receive any supports, some needed
-----------------	------	-----------	---	---

<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

[If supports received at B9 or B10]:

B13a (B10). In general, how adequate are the supports <child> receives for [his/her] needs?

[Barely adequate; Good; Excellent;]

[If no supports received at B9 or B10]:

B13b (B11). Which of these best describes your child with respect to supports either inside or outside of school?

[Doesn't receive any supports, none needed; Doesn't receive any supports, some needed]

B18. (B12) About how many nights has <child> spent in hospital in the last 12 months? [INTERVIEWER: IF NONE, ENTER '0' - DO NOT LEAVE BLANK] _____ [number nights]

B19 (B13). In the last 12 months how many visits has <child> made to the Emergency Department of a hospital? [INTERVIEWER: IF NONE, ENTER '0' - DO NOT LEAVE BLANK] _____ [number visits]

B19b (B14). Most children have accidents at some time. In the last 12 months has <child> had an accident or injury that required hospital treatment or admission? [Yes; No]

B20 (B15). In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about <child's> physical, emotional or mental health? [Int. if 'none' write '0' do not leave blank]

	N times	Don't know	Refused
A. A general practitioner (GP)	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
B. A practice nurse	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
C. Another medical doctor e.g. in a hospital	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
D. Other professional, psychologist, psychiatrist, counsellor etc.	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
E. A social worker	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4

B21 (B16). How would you rate the health of <child's> teeth and gums?

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

B22 (B17). Which of the following best describes how regularly <child> visits the dentist?

At least once a year	Once every two years	Once every three years	Less often/ Only when there is a problem	Never
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5 → Go to B23

B23 (B18). When was the last time <child> saw a dentist? _____ (year) [If current or previous year] _____ month

B24 (B19). Was it a HSE or private dentist? HSE ... _1 Private ... _2

B25 (B20). Did <child> have any treatment other than a routine scale and polish? Yes ... _1 No ... _2

B26 (B21). Has <child> ever had:

(1) Any fillings?	Yes ... <input type="checkbox"/> _1 [If Yes] 1a. How many? _____	No ... <input type="checkbox"/> _2
(2) Any extractions?	Yes ... <input type="checkbox"/> _1 → 2a. How many? _____ 2b. Were any of the extractions part of orthodontic treatment? Yes ... <input type="checkbox"/> _1 No ... <input type="checkbox"/> _2	No ... <input type="checkbox"/> _2

***MOVED FROM YP MAIN* B27_1.* B22 Now some questions about food. Please say how many times a week <child> usually eats or drinks any of the following. [TICK ONE BOX ON EACH LINE] (Less than once a week/never, once or twice a week, 3-4 times a week, 5-6 times a week, once a day; more than once a day)**

a. Fresh fruit

b. Fruit Juice

c. Meat, chicken, fish

d. Vegetarian alternatives such as eggs, beans, tofu

e. Cooked vegetables

f. Raw vegetables or salad
g. Hamburger, hot dog, sausage or sausage roll, meat pie
h. Hot chips or French fries
i. Crisps or savoury snacks
j. Bread
k. Potatoes, Rice, Pasta
l. Cereals
m. Biscuits, doughnuts, cake, pie or chocolate
n. Sweets
o. Cheese / yoghurt / fromage frais
p. Water (tap water / still water / fizzy water)
q. Fizzy drinks / minerals / cordial / squash (diet)
r. Fizzy drinks / minerals / cordial / squash (not diet)
s. Milk (including non-dairy or lactose-free milk)
MOVED FROM YP MAIN B27_2. How many portions of fruit or vegetables would <child> usually have in a day? (None, one, two, three, four, 5 or more)

'Please think about 'normal' times, rather than during the Covid-19 restrictions'

B23. Does <child> usually have breakfast at home before going to school? Yes ... _1 No ... _2

xB23a. Does <child> follow any of the following special diets? [Tick all that apply]

Vegetarian	Vegan	Gluten-	Dairy-	Other restriction because of food allergy or food intolerance	Other special diet because of a diagnosed condition	Other special diet for religious reasons
<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

B28_reva (B24a) Does <child> follow any kind of special diet? [Yes; No]

B28_revb (B24b). Which of these does <child> follow ... [Twin] [Tick all that apply]

Vegetarian	Vegan	Gluten-free	Dairy-free	Other restriction because of food allergy or food intolerance	Other special diet because of a diagnosed condition	Other special diet for religious reasons
<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

B32 (B25). How far away is <child's> school from your home (one-way distance)? [Twin]

Less than ½ mile (less than 1km)	½ to less than 1 mile (1 - less than 2km)	1-5 miles (2 - less than 8km)	More than 5 miles away (8km or more)	Attends boarding school	Not applicable
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _7

B33 (B26). How does <child> usually go to school? [Twin]

He/she walks	By public transport	School bus/coach	By car	Rides a bicycle	Other (please describe)	Not applicable
<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

***MOVED FROM PCG SENSITIVE* B34.* B27 Can we check, has the Study Child received the HPV vaccine? [For information: vaccinations in schools are given in two different visits usually with a first dose in September and a second one in February]**

Yes, both doses	Yes, first of two doses	No, but intend to avail of it	No, still thinking about it	No, have decided not to avail of it
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

C. PRIMARY CAREGIVER'S HEALTH

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

C1. In general, how would you say your current health is? SMB01

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

C2. Do you have any of the following long-lasting conditions or difficulties? SMxB02a [Tick one box on each line]

	Yes to a great extent	Yes to some extent	No
a. Blindness or a vision impairment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Deafness or a hearing impairment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. An intellectual disability or general learning disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. A difficulty with learning, remembering or concentrating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. A psychological or emotional condition or mental health issue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. A difficulty with breathing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. A difficulty with pain or any other on-going chronic physical or mental health problem, illness or disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

C3. As a result of a long-lasting condition, do you have any difficulty doing any of the following? SMxB02b

[Tick one box on each line]

	Yes a lot	Yes a little	No
a. Dressing, bathing or getting around inside the home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Going outside the home to shop or visit a doctor's surgery.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Working at a job or business or attending school/college	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Participating in other activities, for example leisure or using transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

[INTERVIEWER: Is there any 'yes' response to xC2a OR xC2b, above?]

Yes ... 1 → Go to C3

No ... 2

C4 (C3). What is the nature of this condition or difficulty? Please describe as fully as possible. SMB03

[Int. please record diagnosis – not symptoms of the problem.]

C4a (C4). Are you hampered in your daily activities by any long-lasting condition or difficulty? [Yes, severely; Yes, to some extent; No]

C5. Since when have you had this condition or difficulty? SMB04 [Record year parent first became aware of condition (not necessarily diagnosed); If current or previous year, record month as well] _____ (year) [If current or previous year] _____ month

C6a (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 <child>? SCG

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

C7. Over the past 7 days on how many days were you physically active for a total of at least 30 minutes per day? Physical activity is any moderate or vigorous activity that increases your heart rate and breathing. Examples include brisk walking, running, cycling, swimming, dancing, digging in the garden. It also includes other activities in your job or at home that raise your heart rate and breathing. [SCG] [None, one to seven]

None	One	Two	Three	Four	Five	Six	Seven
<input type="checkbox"/> 0	<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

C10 (C8). Is <child> covered by a medical card? [Twin] [Yes, full; Yes, GP Visit; Not covered]

C11 (C9). Is <child> covered by private medical insurance? [Twin] [Yes; No]

C12 (C10). Does that insurance include the cost of GP visits? [Twin] [Yes, in full; Yes, in part; No]

D. 13-YEAR-OLD'S EMOTIONAL HEALTH & WELL-BEING

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

D1. [Card D1] Looking at Card D1, has <child> experienced any of the following since we last interviewed you in <year of last interview>: [Twin] [INT: ASK THE RESPONDENT TO USE CODES A-P AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- A. Death of a parent
- B. Death of a close family member (other than a parent) please specify
- C. Death of close friend
- D. Divorce/separation of parents
- E. Moving house within Ireland
- F. Moving country
- G. Stay in foster home/ residential care
- H. Serious illness/injury
- I. Serious illness/injury of a family member
- J. Drug taking/alcoholism in the immediate family
- K. Mental disorder in immediate family
- L. Your home being broken into
- M. Conflict between parents
- N. Parent in prison
- O. Other disturbing event, apart from the general stress associated with the Covid-19 pandemic (please specify)
- P. None of the above

D2. Here is a set of statements which could be used to describe <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 <child's> behaviour over the last six months. [Twin]

- | | Not
True | Somewhat
True | Certainly
True |
|--|----------------------------|----------------------------|----------------------------|
| A. Considerate of other people's feelings | | | |
| 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 | | | |
| D. Shares readily with other children (treats, toys, pencils, etc) | | | |
| 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 | | | |
| 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 | | | |
| I. Helpful if someone is hurt, upset or feeling ill | | | |
| J. Constantly fidgeting or squirming | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| K. Has at least one good friend | | | |
| L. Often fights with other children or bullies them..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| M. Often unhappy, downhearted or tearful | | | |
| N. Generally liked by other children | | | |
| 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 | | | |
| Q. Kind to younger children | | | |
| 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 | | | |
| T. Often volunteers to help others (parents, teachers, other children) | | | |
| 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 | | | |
| X. Many fears, easily scared | | | |
| Y. Sees tasks through to the end, good attention span | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

D4 (D3). About how many close friends does <child> have?

- None..... 1 1 2 2 or 3 3 4 or 5 4 6 or more 5

D5 (D4). To your knowledge, has <child> been a victim of bullying in the last 3 months? [Twin] [Yes; No]

E. 13-YEAR-OLD'S EDUCATION – PAST & CURRENT

Now I'd like to ask you some questions about <Child>'s education

ZE0. Thinking now of the time when the schools were closed because of Covid-19, please say whether each of the following was true, sometimes true or not true for <child>.

	TRUE	SOMETIMES TRUE	NOT TRUE.....
A. <Child> had a quiet space to study at home.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. <Child> had a chance to take school lessons on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. It was hard for <child> to concentrate on study	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. <Child> was able to send work to teachers to mark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. <Child> mostly gave up on trying to study until the schools opened again.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. <Child> had someone at home to help with schoolwork.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. <Child> enjoyed the chance to study independently.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

E1. What class will <child> start in September 2020?

- 5th Class 1 Go to E5
- 6th Class 2 Go to E5
- First Year 3 Go to xE1c
- Second Year 4 Go to xE1c
- 13-year-old is being home schooled..... 5 Go to E10
- 13-year-old attends a special school 6 Go to E5
- Other..... 7 Go to E10

E2. What school does /will <child> attend from September [2021]? [Name and address of the school]

E3. Did/do you have a choice about which second level school <child> would/will go to?

Yes..... 1 No 2

[Note: ask with respect to 'special school' if child attends special school and will not attend secondary school].....

E4. When thinking about schools that <child> might go to, how important were the following factors?

	Very Important	Somewhat important	Not important
a. It's the local school or nearest to home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. He/she wanted to go there.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. His/her friends go or were intending to go there.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. His/her brother/sister went/go there	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. General good impression of school/good reputation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. The support provided for students with special needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. The subjects the schools provided.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. The school's ranking in newspaper league tables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. The ethos of the school in terms of religion or beliefs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. The school's extracurricular activities (such as sports and music)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. The gender mix of the school (co-educational/single sex)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Language of instruction used in the school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Other reason (specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

E5. [Card E1d] How would you describe <child's> current base class - the one they are in from last September? [Twin] (Tick one box) [Special class or unit; 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; Not sure / don't know]

xE5a. How involved do you personally feel in your child's school life?

Very involved	Fairly involved	Not very involved	Not at all involved
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

xE5b. How satisfied are you with ...

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
The subjects your child is taking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The kinds of teaching your child experiences	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The information you receive from the school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
How the school involves parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E10 (E6). Has <child> attended an Open Day at his/her new school [Twin] [Yes; No]

E11 (E7). 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 asked for your opinion on what is done in the school (such as uniforms or discipline policy) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| D. You have <u>been to see</u> the principal or another teacher about child's behaviour or school performance | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| E. You have spoken to the principal or another teacher <u>on the phone</u> about child's behaviour or school performance | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| F. You are involved with the Parents' Council or Parents' Association. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

E12 (E8). How involved do you personally feel in your child's school life?

Very involved	Fairly involved	Not very involved	Not at all involved
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E13. How satisfied are you with ...

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
The subjects your child is taking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The kinds of teaching your child experiences	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The information you receive from the school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
How the school involves parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E14 (E9). During the last 12 months, about how many days was <child> 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 their whole school or class being closed due to Covid-19 or bad weather). [Twin]

- | | | | |
|--------------------|----------------------------|-------------------------------|----------------------------|
| 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 | | |

E15 (E10). What was the main reason for <child> 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 | Quarantine or self-isolation, related to Covid-19 | <input type="checkbox"/> 13 |
| Suspended from school | <input type="checkbox"/> 7 | Other (specify) | <input type="checkbox"/> 14 |

E16 (E11). How much time does <child> usually spend doing homework on a weekday during term time? [Twin]

- | | | | |
|--|----------------------------|------------------------------|--------------------------------------|
| 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 | Doesn't get homework | <input type="checkbox"/> 8 Go to E19 |

E17 (E12). How often do you or your spouse/partner provide help with <child>'s homework? Would you say...[INT: READ OUT] [Twin]

Always/ Nearly Always <input type="checkbox"/> 1	Regularly <input type="checkbox"/> 2	Now and Again <input type="checkbox"/> 3	Rarely <input type="checkbox"/> 4	Never <input type="checkbox"/> 5	Never gets homework <input type="checkbox"/> 6
E18 (E13). Why is that? Child doesn't need help <input type="checkbox"/> 1	I / We don't have time <input type="checkbox"/> 2	I / We are not able to help <input type="checkbox"/> 3	Child doesn't want help <input type="checkbox"/> 4	Someone else helps <input type="checkbox"/> 5	

E19 (E14). Taking everything into account, how far do you expect <child> will go in his/her education or training? [Twin]

Junior Certificate or equivalent..... 1
 Leaving Certificate or equivalent..... 2
 An apprenticeship or trade 3
 Diploma/Certificate..... 4
 Degree..... 5
 Postgraduate/higher degree 6
 Don't know..... 7

E20 (E15). On a typical weekday when the schools are open, who, if anyone, minds <child> between the time they finish school and 6pm in the evening? (Tick one only; if more than one, indicate the type of care where <child> spends MOST time or is the most frequently used) [Twin]

They come home and take care of themselves 1
 Minded at home by an older sibling 2
 Minded at home by you or your spouse/partner 3
 Minded at home by a relative 4
 Minded at home by another adult (not a relative) 5
 Attend an after-school programme/club 6
 Other (please specify) 8

E21 (E16). How many books (including e-books) does <child> have access to in the home? Would you say... [Twin] [INT: READ OUT]

None 1 31 to 50 4
 1 to 10 2 51 to 100 5
 11 to 30 3 More than 100 6

F. INTERNET ACCESS & USE

Now, I'd like to ask you some questions about access to the internet at home.

F1. What sort of internet access does your home have? (tick all that apply)

No internet connection 1
 Broadband with wifi 2
 Broadband with plug in connection 3
 Mobile broadband or 'dongle' from a phone provider..... 4
 Other type of internet connection 5

ZF2a. [If code 2-5 at xE25_0] How adequate was the internet connection to your family's needs during the most restrictive social distancing period?

Very adequate	Mostly adequate but with occasional delays	Just okay	Had frequent problems	Completely unusable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

ZF2b. How adequate were your family's internet-connected devices to your needs during the most restrictive social distancing period? [Please consider the number of computers, tablets or smartphones with an internet connection].

Very adequate	Mostly adequate	Just okay	Had frequent problems	Completely unusable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

F3 (F2). Does <child> have access to the internet through a smartphone, tablet, laptop or other computer?

Yes ... 1 No ... 2 → Go to xE26a

F4 (F3). Is <child> supervised by you or another adult when he/she accesses the internet?

Always.....1 Sometimes2 Never3

F5 (F4). Do you have any monitoring or control software on the internet to limit the sites <child> can access – e.g. Qustodio, Net Nanny? Yes 1 No 2

F6 (F5). Do you use any of the following strategies to restrict the content viewed or time spent by <child> on electronic devices? (Tick all that apply)

- Rules about content..... 1
- Rules about total time spent on devices 2
- Rules about the time of day child can watch/use devices 3
- PIN numbers or passwords to lock or restrict devices 4
- ‘Child-safe’ settings, for example on TV satellite boxes 5
- Locking devices/modems away (or locking the room they are in) 6
- Engaging the child in alternative activities (e.g. football, baking) 7
- Something else (specify) 8
- None of the above 9

‘Please think about ‘normal’ times, rather than during the Covid-19 restrictions’

F7 (F6). On a normal weekday, during term-time, about how much time does <child> spend using the smartphone, tablet, laptop or computer? Please include time before school as well as time after school. **DO NOT** include time spent using computers in school.

None	1 to 30 minutes	31 minutes to less than 1 hour	1 to less than 1.5 hours	1.5 to less than 2 hours	2 to less than 3 hours	3 to less than 4 hours	4 to less than 5 hours	5 or more hours
<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

Now, some questions about your own screen-based activities...

F8 (F7). Thinking now about the amount of time you spend on your own screen-based activities such as browsing the internet, watching TV/movies/videos, social media or messaging when you are at home (and not at work). On an average day, how much time would you spend on these ... SMC0xx

	None	1 to 30 minutes	31 minutes to less than 1 hour	1 to less than 1.5 hours	1.5 to less than 2 hours	2 to less than 3 hours	3 to less than 4 hours	4 to less than 5 hours	More than 5 hours
WEEKDAY	<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
WEEKEND DAY	<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

F9 (F8). Thinking about your smartphone, how often, if ever, ... SMC0xx

	Never	Hardly ever	Sometimes	Often	Very often
a. Do you feel as if you have to respond to messages/posts from other people immediately	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Do you check for messages or notifications as soon as you wake up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Feel distracted by your smartphone when <child> is with you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

F10 (F9). In the PAST YEAR, how often have these things happened to you? SMC0xx

	Never	A few times	At least once a month	At least once a week	Daily or almost daily
a. I have felt bothered when I cannot be on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I have spent less time than I should with either family, friends or completing tasks because of the time I spent on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I have experienced conflicts with family or friends because of the time I spent on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G. FAMILY CONTEXT

Now some questions about your relationship with <Child>.

G1. Now some questions about your relationship with <Child>. 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. SMC01[Twin]

[Definitely does not apply; Not really; Neutral/not sure; Applies somewhat; Definitely applies]

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies
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
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
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
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

G4 (G2). Now I'd like to ask you about the time <child> spends with you including times when others are present. How many days per week do you: SMC06 [Twin]

	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
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

'Please think about 'normal' times, rather than during the Covid-19 restrictions'

G5 (G3). Thinking of an AVERAGE SCHOOL DAY, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc.) _____ hours _____ minutes

'Please think about 'normal' times, rather than during the Covid-19 restrictions'

G6 (G4). Thinking of an AVERAGE WEEKEND DAY, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc.) _____ hours _____ minutes

G7 (G5). How often does <child> get together with, see or spend time with the following people (excluding those living in your home) Please think about the last four weeks.

	Quite a lot	Now and again	Rarely or never	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

G8 (G6). Thinking about the last 12 months, Please tell me how strongly you agree or disagree with the following statements.

	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
Because of your work responsibilities:						
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
Because of your family responsibilities:						
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

G9 (G7). Did you request to take parental leave in relation to <child>? SMxxx By parental leave, we mean unpaid leave from employment up to a total of 26 weeks per child, which can be taken up until the child is age 12.

Yes.....1 No...2 3 Go to F6i Not applicable, not in employment since birth of child...3 4 Go to **G1**

G10. Was your request granted? SMxxx

Yes, fully
1 Go to F6g

Yes, but not as much
 or in the form I wanted .. 2 Go to F6g

No..... 3 Go to G1

G11. If yes, how was your parental leave taken? SMxxx

- In one continuous block..... 1 → F6h
 Two separate blocks of at least 6 weeks..... 2 → F6h
 Taken as reduced days or hours..... 3

G12. How many weeks in total have you taken so far (for <Child>) SMxxx

_____ (weeks)

G13. What was the main reason you did not take parental leave?

SMxxx

	Tick MAIN reason
Finances/loss of income	<input type="checkbox"/> 1
Employer discouraged take up	<input type="checkbox"/> 2
Was not allowed to take the leave in the preferred way (e.g. as 1 day per week)	<input type="checkbox"/> 3
Worried about the effect on career	<input type="checkbox"/> 4
Was not employed or was self employed	<input type="checkbox"/> 5
Did not need to (partner looking after child)	<input type="checkbox"/> 6
Prefer not to take, other reason	<input type="checkbox"/> 7

H. HOUSNG & SOCIO-DEMOGRAPHICS BACKGROUND

Now some questions about the circumstances of your household.

H1. Does your accommodation have access to a garden or common space (either private or shared)? Yes ... 1 No 2

H2. Please tell me which best describes your (and your partner's) occupancy of the accommodation?

- x1a. Owner occupied (with a mortgage, include being purchased on Tenant Purchase Scheme) 1
 x1b. Owner occupied (without a mortgage, include purchased on Tenant Purchase Scheme) 2
 3. Rented from a Local Authority or Voluntary Body 3
 5. Rented from a Private Landlord (include paying rent to a relative etc.) 5
 8. Occupied free of rent (e.g. for job, owned by family) 8
 9. Living with your (or your partner's) parents 9
 10. Other (specify) _____ 10

H3. What type of accommodation is this, it is a ...

Detached house	Semi-detached house	Terraced house/town-house	Apartment/flat/maisonette	Bedsit / studio with shared kitchen and/or bathroom	Mobile home/caravan	Emergency accommodation (hotel, shelter)	Other
<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

H4. How many rooms are there in the accommodation for the sole use of your family? [Do not count: halls/stairs/ landings, kitchenette too small to eat in, scullery/utility room, bathroom, toilet, garage, consulting rooms, office, shop]

_____ (rooms)

H5 And how many of these are bedrooms? [Please include bedrooms that are used for another purpose, e.g. a study]

_____ (bedrooms)

H6. Since <child> was born, was there ever a time when

you had to move out of your home when you did not want to?

Yes 1

No..... 2

H7. What was the main reason you had to move?

Could not afford rent/mortgage	Landlord selling property	Landlord ended lease for another reason	Split up from partner	Other, please specify
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

H8 (H6): Does your accommodation have the following? [Tick one box on each line]

Yes No

a. Central heating 1..... 2

- b. Double or triple-glazed windows..... 1..... 2
- c. Adequate insulation..... 1..... 2
- H9 (H7). Do you have any of the following problems with your accommodation** [Tick one box on each line] Yes No
- a. Too dark, not enough light 1..... 2
- b. Leaking roof/ damp walls /rot in windows or door frames 1..... 2
- c. A problem with noise from neighbours or noise from the street (traffic, business, factories etc) 1..... 2
- d. Pollution, grime or other environmental problems in the area 1..... 2
- e. Too small, not enough space..... 1..... 2

H10. When you think of your household's total housing costs including payments on mortgage or rent, insurance and service charges (refuse removal, regular maintenance and repairs etc). Would you say they are

A heavy burden ... 1 Somewhat of a burden ... 2 No burden at all ... 3

H11. In the last 12 months, was there ever a time when you were unable to pay utility bills (heating, electricity, gas, refuse collection) for the main dwelling on time, due to financial difficulties? [Phone bills should NOT be considered as utility bills.]

Yes, once ... 1 Yes, twice or more ... 2 No ... 3 Not applicable, household does not have utility bills ... 4

Now some questions about employment.

H12 (H8). Which of these descriptions BEST describes your usual situation in regard to work? SMD01

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

0. Currently on maternity leave,
but with a job to return to 0
1. Employee (incl. apprenticeship ..
or Community Employment)..... 1
2. Self-employed outside farming..... 2
3. Farmer..... 3
4. Student full-time..... 4
5. On State training scheme (SOLAS) 5
6. Unemployed, actively looking for a job..... 6
7. Long-term sickness or disability..... 7
8. Home duties / looking after home or family 8
9. Retired..... 9
10. Other (please specify) _____ 10

[BLAISE: IF CODE 0,1,2,3 at G3, Go to x3a]

[BLAISE: IF CODE 4-10 at G3, Go to xG4a]

H13 (H9) When did you start your current job? SMD
_____ year [If current or previous year] _____ month

H14a (H10a). Do you work from home?
Yes, but only because of the Covid-19
measures ... 1 → **Go to H14b**

Yes, usually work from home (even apart from
Covid measures) ... 2 → **Go to H20**

No ... 2 → **Go to H14b**

**H14b (H10b). On a typical work day, how much time
in minutes do you spend commuting to and from
work (outward and return journey combined)?** SMD
_____ minutes
[Int. if respondent works at home enter '0' for minutes]
→ **Go to H20**

**H15 (H11). Apart from holiday or casual work, have you ever had a full-time
job?** SMD10
Yes ... 1 No ... 2 → **Go to H18**

H16 (H12). In what year did you last work in that full-time job? _____ (year)

H17 (H13). When you last worked in that full-time job were you? SMD
Employee (incl. apprenticeship or Community Employment) 1
Self-employed outside farming..... 2
Farmer..... 3
→ **Go to H20**

H18 (H14). Do you currently have a part-time job? SMD
Yes ... 1 No ... 2 → **Go to G22**

H19 (H15). In your part-time job are you? SMD
Employee (incl. apprenticeship or Community Employment) 1
Self-employed outside farming..... 2
Farmer..... 3
→ **Go to H20**

[BLAISE: If CURRENTLY in employment (Full-or part-time) use Present Tense; otherwise use past tense]

H20 (H16). How many hours do [did] 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. SMD _____ hours

H21 (H17). What is [was] your occupation in your main job? SMD

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
PRIEST, HOSPITAL CHAPLAIN

Write in main OCCUPATION

H22 (H18). What is [was] the main activity of the business /organisation where you work?

(What did the business mainly make or do?)_{SMD}

H23 (H19) Are [were] you employed in a public sector organisation?

This means employed by the state or a state organisation; it does not include work that only involves dealing with the public sector.

Yes ... ₁ No ₂

G7a (H20_Check). [BLAISE: CHECK EMPLOYMENT STATUS at G3 or xG4c or xG4e]

Employee (incl. apprenticeship or Community Employment)	Self-employed (not farming)	Farmer
<input type="checkbox"/> ₁ → Go to H25	<input type="checkbox"/> ₂ → Go to H27	<input type="checkbox"/> ₃ → Go to H27

[If employee]

H25 (H20). Do [Did] you supervise or manage 10 or more personnel in your job?

[Yes; No] [Note: no question H26] ¹

G8. Do [Did] you supervise or manage any personnel in your job? _{SMD06} Yes .. ₁ No ... ₂ → Go to G23

G9. How many? _{SMD07} _____
→ Go to G23

[If self-employed or farmer] H27 (H21). How many employees (if any) do [did] you have? _____ employees [ENTER ZERO if none]

[If farmer] H28 (H22) How many acres do [did] you farm? _{SMD09} _____ acres

H29 (H23). From the following reasons, could you tell me the most important reasons for you not working in a paid job outside the home? _{SMD20}

- | | |
|---|---|
| A. I can't find a suitable job | F. I cannot find or afford suitable childcare..... |
| B. I choose 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 medical benefits if I was earning |
| D. I prefer be at home to look after my children myself . | I. We would be no better off in employment |
| E. I cannot earn enough to pay for childcare | K. My own illness or disability |
| J. Other reason (specify) | |

[CHECK - BLAISE: CHECK WHETHER THERE IS A PARTNER IN THE HOUSEHOLD; IF YES → Go to H31]

H31 (H24). 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]

¹ H25 and H26 were simplified to the item required to construct ESeC social class; Previously asked whether they supervised/managed and, if yes, the number supervised or managed.

H32 (H25). What is [was] the main activity of the business /organisation where your spouse/partner works? (What did the business mainly make or do?)_{SMD}

ZH33. Did your household receive any of the following during the Covid-19 crisis?

	Yes	No
Pandemic Unemployment Payment	<input type="checkbox"/> _1	<input type="checkbox"/> _1
Sick pay from employer	<input type="checkbox"/> _1	<input type="checkbox"/> _1
Illness Benefit	<input type="checkbox"/> _1	<input type="checkbox"/> _1
Short-time Work Support (where temporarily placed on shorter working week)	<input type="checkbox"/> _1	<input type="checkbox"/> _1
Other regular social welfare payment (excluding Child benefit)	<input type="checkbox"/> _1	<input type="checkbox"/> _1

ZH34. [Routing check: If at work during Covid-19 restrictions] Did your employer receive the Temporary Wage Subsidy Programme, designed to help keep people in employment?

Yes	No	Don't know
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3

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

H36 (H26). 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

H37 (H27). 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/USC as well as the public sector pension levy [if applicable]? Include income from all sources and from all household members.

€ _____ [per week; per month or per year]

H38 (H28). I know that it is difficult to give an exact figure for household income but perhaps you can tell me into which category it falls. I can read categories in amounts per week, per month or per year, whichever you prefer.

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI/USC

Per Week	Per Month	Per Year	Category
Under €230	Under €1,000.....	Under €12,000	A <input type="checkbox"/> _1 → Section A, H39
€231 to under €350	€1,001 to under €1,500.....	€12,001 to under €18,000	B <input type="checkbox"/> _2 → Section B, H39
€351 to under €460	€1,501 to under €2,000.....	€18,001 to under €24,000	C <input type="checkbox"/> _3 → Section C, H39
€461 to under €575	€2,001 to under €2,500.....	€24,001 to under €30,000	D <input type="checkbox"/> _4 → Section D, H39
€576 to under €800	€2,501 to under €3,500.....	€30,001 to under €42,000	E <input type="checkbox"/> _5 → Section E, H39
€801 to under €925	€3,501 to under €4,000.....	€42,001 to under €48,000	F <input type="checkbox"/> _6 → Section F, H39
€926 to under €1,150	€4,001 to under €5,000.....	€48,001 to under €60,000	G <input type="checkbox"/> _7 → Section G, H39
€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, H39
€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, H39
€1,851 or more	€8,001 or more.....	€96,001 or more	J <input type="checkbox"/> _10 → Section J, H39
Refused	<input type="checkbox"/> _77 GO TO H39_1	Don't Know	<input type="checkbox"/> _88 GO TO H39_1

H39 (H29). Would that be [Int: Read out amounts and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

	Per week	Per Month	Per Year
A	under €75 <input type="checkbox"/> _1	€0 to €300 <input type="checkbox"/> _1	€0 to €4,000 <input type="checkbox"/> _1
	€75 to €150 <input type="checkbox"/> _2	€301 to €650 <input type="checkbox"/> _2	€4,001 to €8,000 <input type="checkbox"/> _2

	€151 to €230 <input type="checkbox"/> ₃	€651 to €1,000 <input type="checkbox"/> ₃	€8,001 to €12,000 <input type="checkbox"/> ₃
B	€231 to €270 <input type="checkbox"/> ₁	€1,001 to €1,150 <input type="checkbox"/> ₁	€12,001 to €14,000 <input type="checkbox"/> ₁
	€271 to €310 <input type="checkbox"/> ₂	€1,151 to €1,350 <input type="checkbox"/> ₂	€14,001 to €16,000 <input type="checkbox"/> ₂
	€311 to €350 <input type="checkbox"/> ₃	€1,351 to €1,500 <input type="checkbox"/> ₃	€16,001 to €18,000 <input type="checkbox"/> ₃
C	€351 to €390 <input type="checkbox"/> ₁	€1,501 to €1,700 <input type="checkbox"/> ₁	€18,001 to €20,000 <input type="checkbox"/> ₁
	€391 to €420 <input type="checkbox"/> ₂	€1,701 to €1,800 <input type="checkbox"/> ₂	€20,001 to €22,000 <input type="checkbox"/> ₂
	€421 to €460 <input type="checkbox"/> ₃	€1,801 to €2,000 <input type="checkbox"/> ₃	€22,001 to €24,000 <input type="checkbox"/> ₃
D	€461 to €500 <input type="checkbox"/> ₁	€2,001 to €2,150 <input type="checkbox"/> ₁	€24,001 to €26,000 <input type="checkbox"/> ₁
	€501 to €535 <input type="checkbox"/> ₂	€2,151 to €2,300 <input type="checkbox"/> ₂	€26,001 to €28,000 <input type="checkbox"/> ₂
	€536 to €575 <input type="checkbox"/> ₃	€2,301 to €2,500 <input type="checkbox"/> ₃	€28,001 to €30,000 <input type="checkbox"/> ₃
E	€576 to €650 <input type="checkbox"/> ₁	€2,501 to €2,800 <input type="checkbox"/> ₁	€30,001 to €34,000 <input type="checkbox"/> ₁
	€651 to €750 <input type="checkbox"/> ₂	€2,801 to €3,250 <input type="checkbox"/> ₂	€34,001 to €38,000 <input type="checkbox"/> ₂
	€751 to €800 <input type="checkbox"/> ₃	€3,251 to €3,500 <input type="checkbox"/> ₃	€38,001 to €42,000 <input type="checkbox"/> ₃
F	€801 to €850 <input type="checkbox"/> ₁	€3,501 to €3,650 <input type="checkbox"/> ₁	€42,001 to €44,000 <input type="checkbox"/> ₁
	€851 to €880 <input type="checkbox"/> ₂	€3,651 to €3,800 <input type="checkbox"/> ₂	€44,001 to €46,000 <input type="checkbox"/> ₂
	€881 to €925 <input type="checkbox"/> ₃	€3,801 to €4,000 <input type="checkbox"/> ₃	€46,001 to €48,000 <input type="checkbox"/> ₃
G	€926 to €1,000 <input type="checkbox"/> ₁	€4,001 to €4,300 <input type="checkbox"/> ₁	€48,001 to €52,000 <input type="checkbox"/> ₁
	€1,001 to €1,050 <input type="checkbox"/> ₂	€4,301 to €4,600 <input type="checkbox"/> ₂	€52,001 to €56,000 <input type="checkbox"/> ₂
	€1,051 to €1,150 <input type="checkbox"/> ₃	€4,601 to €5,000 <input type="checkbox"/> ₃	€56,001 to €60,000 <input type="checkbox"/> ₃
H	€1,151 to €1,250 <input type="checkbox"/> ₁	€5,001 to €5,500 <input type="checkbox"/> ₁	€60,001 to €66,000 <input type="checkbox"/> ₁
	€1,251 to €1,375 <input type="checkbox"/> ₂	€5,501 to €6,000 <input type="checkbox"/> ₂	€66,001 to €72,000 <input type="checkbox"/> ₂
	€1,376 to €1,500 <input type="checkbox"/> ₃	€6,001 to €6,500 <input type="checkbox"/> ₃	€72,001 to €78,000 <input type="checkbox"/> ₃
I	€1,501 to €1,600 <input type="checkbox"/> ₁	€6,501 to €7,000 <input type="checkbox"/> ₁	€78,001 to €84,000 <input type="checkbox"/> ₁
	€1,601 to €1,750 <input type="checkbox"/> ₂	€7,001 to €7,500 <input type="checkbox"/> ₂	€84,001 to €90,000 <input type="checkbox"/> ₂
	€1,751 to €1,850 <input type="checkbox"/> ₃	€7,501 to €8,000 <input type="checkbox"/> ₃	€90,001 to €96,000 <input type="checkbox"/> ₃
J	€1,851 to €2,100 <input type="checkbox"/> ₁	€8,001 to €9,250 <input type="checkbox"/> ₁	€96,001 to €110,000 <input type="checkbox"/> ₁
	€2,101 to €2,400 <input type="checkbox"/> ₂	€9,251 to €10,500 <input type="checkbox"/> ₂	€110,001 to €125,000 <input type="checkbox"/> ₂
	€2,401 or more <input type="checkbox"/> ₃	€10,501 or more <input type="checkbox"/> ₃	€125,001 or more <input type="checkbox"/> ₃

H39_1 (H30) Can I just check, does anyone in your household receive income from farming? Yes₁ No₂

H40 (H31). 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

H41 (H32). Compared to when we last interviewed you in [MM/YYYY], how would you say the overall financial situation of your family has changed? Would you say you are ... [INTERVIEWER: READ OUT]

Much better off now <input type="checkbox"/> ₁	Somewhat better off now <input type="checkbox"/> ₂	No change <input type="checkbox"/> ₃	Somewhat worse off now <input type="checkbox"/> ₄	Much worse off now <input type="checkbox"/> ₅
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***MOVED FROM PCG SENSITIVE* H33.** Does your family have access to a car?

[Yes; No]

***MOVED FROM PCG SENSITIVE* [If no] H34.** Would your family like to have a car but you cannot afford it?

[Yes; No]

***MOVED FROM PCG SENSITIVE* H35.** Can your household afford an unexpected expense of €1,000 without borrowing? [If using credit card, then the amount should be paid within 1 month.]

[Yes; No]

J. ABOUT YOU

J1. What is the highest level of education (full-time or part-time) which you have completed to date? SME01

1. No formal education 1
2. Primary education or less 2
- Second Level**
3. Lower Secondary 3
(Junior/Intermediate/Group Cert. 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Cert. or equivalent).
4. Upper Secondary 4
(Leaving Cert. (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 Cert. Course/FETAC Level 5, Teagasc Cert./Diploma or equivalent).
6. Both Upper Secondary and Technical or Vocational qualification 6
- Third Level**
7. National Certificate, Diploma QQI/Institute of Technology or equivalent, Nursing Diploma (Non Degree) 7
8. Primary Degree 8
(Third Level Bachelor Degree)
9. Professional qualification (of Degree status at least, e.g. Chartered Accountant/Surveyor) 9
10. Both a Degree and a Professional qualification 10
12. Postgraduate Diploma or Postgraduate Degree (Masters) 12
13. Doctorate (Ph.D) or Higher Doctorate 13

J3 (J2). What language do you speak most often at home? SCG
 English..... 1 Irish..... 2 Other..... 3

J4 (J3). Do you belong to any religion? SCG Yes..... 1 No 2

J5 (J4). Which religion? SCG

Christian – no denomination	Roman Catholic	Anglican / Church of Ireland / Episcopalian	Other Protestant	Jewish	Muslim	Other (please specify)
<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

J7 (J5). Are you a citizen of Ireland? SCG Yes 1 No..... 2

J8 (J6). What citizenship do you hold? SCG _____

[BLAISE Condition ASK J9--J12 IF NON RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

J9 (J7). Were you born in Ireland? SCG Yes 1 No..... 2

J10 (J8). In which country were you born? SCG _____

J11 (J9). How long ago did you first come to live in Ireland? SCG

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

J12 (J10). Can you tell me, what is your ethnic or cultural background? SCG
 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

K. NEIGHBOURHOOD / COMMUNITY

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

K1. How long have you lived in your local area? _____ years OR _____ months

K2. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?

Yes1 No2

K3. How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common, fairly common, not very common, or not at all common.

	Very Common	Fairly common	Not very common	Not at all common
a. Rubbish and litter lying about.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Homes and gardens in bad condition.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Vandalism and deliberate damage to property	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. People being drunk or taking drugs in public.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Crime or violence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

K4. To what extent do you agree or disagree with these statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. 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
b. 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
c. There are facilities such as youth clubs, swimming clubs, sports clubs, for teenagers in this area (even if they are closed at the moment due to Covid measures).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Most people in your neighbourhood can be trusted.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. You feel a strong sense of identity with your neighbourhood.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

K5. Is there a park or green space within 2 kilometers (about a mile) of home where your family can walk or exercise?

Yes1 No2

Time Ended

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Date ____ ____ day ____ mth ____ year

B2. Primary Caregiver Sensitive Questionnaire



**Growing Up
in Ireland**
National Longitudinal
Study of Children



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



Central
Statistics
Office



GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

Survey: Young Person Main

Primary Caregiver – Sensitive Questionnaires, 13-Year Pilot (Self-complete)

CSO Identifier

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PIN

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Time Started

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 (24 hour clock)

Date

day mth year

Note: The Sensitive Questionnaire is to be completed by both the Primary and Secondary Caregivers. The questionnaires are identical for both, apart from a few PCG-only items specifically identified on the questionnaire.

Preliminaries

Welcome to the *Growing Up in Ireland* online survey. These follow-up questions to your telephone interview are more sensitive, so we wanted to give you a chance to complete them in your own time, when you have privacy. Your answers will help policy-makers to plan supports and services for families like yours.

The questions will take about **9 minutes** to complete. It is best to complete the survey in one sitting: to protect your privacy, the information you enter is not saved unless you go to the end and hit the 'SUBMIT' button. Once you do that, the information cannot be seen by anybody else, even if they have your ID code. If there is any question you do not want to answer, it is fine to skip it, though it would really help us if you answer as many as possible

Before we begin, we'd like to remind you that all the information you give us in answer to the questions in this survey will be treated as strictly confidential and private. Your answers will be combined with information from thousands parents. The researchers who look at all of the answers together will not be able to link your answers back to you.

Please confirm that you have read the Information Sheet, discussed participating with your interviewer and agree to take part in the survey:

Yes, I agree to take part 1
 No, I do not wish to take part 2 Go to end

S1. Are you male or female?

Male₁ Female.....₂ Other ₃

S2. What is your date of birth? ___ / ___ / ___
DD / MM / YYYY

2b. Can I just check, are you currently living with a spouse or partner? (Yes/No). If 'No' skip to Q4.

3. We would like you to think about things you do when both you and your partner are physically present together with the Study Child (i.e. in the same room, in the car, on outings). Count only times when all three of you are together (even if this is just a few hours per week). How often in a typical week, when all three of you are together, do you (please tick one box one each line):

	Never 0	1	Sometimes (once or twice a week) 2	3	Often (once a day) 4	5	Very often (several times a day) 6
a. Find yourself in a mildly tense or sarcastic interchange with your partner?	<input type="checkbox"/> 0	<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. Argue with your partner about your child, in the child's presence?	<input type="checkbox"/> 0	<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. Argue about your relationship or marital issues unrelated to your child, in the child's presence?	<input type="checkbox"/> 0	<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. One or both of you say cruel or hurtful things to each other in front of the child?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Yell at each other within earshot of the child?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Couple relationship

S12 (S3). Because the issue of family life is so important, we would now like to ask some questions about your family and marital history. Can you tell me which of these best describes your current marital status?

- Married and living with husband / wife.....₁ **Go to S15**
- Married and separated from husband / wife₂ **Go to S14**
- Divorced.....₃ **Go to S14**
- Widowed.....₄ **Go to S14**
- Never married (including living with partner)₅ **Go to S14**

S14 (S4). May I just check whether you are currently living with someone in the household as a couple?

Yes₁ à **Go to S5** No₂ à **Go to S6**

S15 (S5). Since when have you and your spouse or partner been living together? ___ (mth) ___ (year) à **Go to S17**

S16 (S6). Are you currently in a relationship with someone outside the household?

Yes₁ à **Go to S21** No₂ à **Go to S21**

[Questions for PCG/SCG who is living with partner]

S17 (S7). Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days.....₁
- At least once a week₂
- Less than once a week₃
- Hardly ever.....₄
- Never.....₅

S19 (S8). How often would you say the following happen in your relationship?

All the Most of More often Occasionally Rarely Never
time the time than not

You discuss or have considered divorce,

separation, or terminating your relationship 0₁ 0₂ 0₃ 0₄ 0₅ 0₆
 You think that things between you and your partner are going well..... 0₁ 0₂ 0₃ 0₄ 0₅ 0₆
 You confide in your mate / partner 0₁ 0₂ 0₃ 0₄ 0₅ 0₆

S20 (S9). The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please indicate the number which best describes the degree of happiness, all things considered, of your relationship.



Parenting stress

S21 (S10). 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
a. I am happy in my role as a parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Caring for my child sometimes takes more time and energy than I have to give.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I sometimes worry whether I am doing enough for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I enjoy spending time with my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The major source of stress in my life is my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Having my child leaves little time and flexibility in my life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Having my child has been a financial burden.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. It is difficult to balance different responsibilities because of my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. I am satisfied as a parent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Weight

S20a (S11a). What is your weight at the moment? [record unit and value]

S20a (S11b_1) Is this an estimate of have you weighed yourself in the last month? [Estimate; Weighed self in last month]

Alcohol, smoking, other substances

<p>S22 (S12). Which of the following best describes how often you usually drink alcohol?</p> <p>1. Never <input type="checkbox"/> 1 Go to S29 2. Less than once a month..... <input type="checkbox"/> 2 Go to S24 3. 1-2 times a month <input type="checkbox"/> 3 Go to S24 4. 1-2 times a week <input type="checkbox"/> 4 Go to S23 5. 3-4 times a week <input type="checkbox"/> 5 Go to S23 6. 5-6 times a week <input type="checkbox"/> 6 Go to S23 7. Every day <input type="checkbox"/> 7 Go to S23</p>	<p><i>If currently drink alcohol between every day and 1-2 times a week ask:</i></p> <p>S23 (S13). And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, or other alcohol would you drink?</p> <p>(a) Pints of Beer/Cider ____ (b) Glasses of Wine ____ (c) Measures of Spirits ____ (d) Other alcohol (number) ____ → Go to S24</p>
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For the following questions please consider that 1 drink = 1/2 pint of beer or 1 glass of wine or 1 single spirits

[ASK S24 ONLY OF FEMALE RESPONDENTS]

S24 (S14). 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 S25 ONLY OF MALE RESPONDENTS]

S25 (S15). 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

S29 (S16). Do you currently smoke daily, occasionally or not at all? (Please only think about cigarettes or cigars, we will ask you separately about 'vaping' and e-cigarettes?)

Daily ₁ Occasionally ₂ Not at all ₃

S30 (S17). About how many cigarettes or cigars do you smoke on average each day?

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

S31 (S16). Do you currently use 'vapes' or e-cigarettes?

Daily ₁ Occasionally ₂ Not at all ₃

S32 (S19). Including yourself, how many members of the household smoke? ____N

S33 (S20). Do you smoke cannabis?

Regularly ₁ Occasionally ₂ Not at all ₃

S34 (S21). Do you take any drugs such as ecstasy, speed, heroin, methadone, crack or cocaine?

Regularly ₁ Occasionally ₂ Not at all ₃

PCG emotional wellbeing

S37 (S22). 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

***MOVED TO PCG MAIN* B34.** Can we check, has the Study Child received the HPV vaccine? [For information: vaccinations in schools are given in two different visits usually with a first dose in September and a second one in February]

Yes, both doses	Yes, first of two doses	No, but intend to avail of it	No, still thinking about it	No, have decided not to avail of it
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Talking about sexual health

S41 (S23). Have you spoken to your child personally about the following sexual health issues? [Yes; No]

1. Sex and sexual intercourse
2. Sexual feelings, relationships and emotions
3. Contraception
4. Safer sex/sexually transmitted infections/ venereal diseases
5. Sexual orientation (eg. Homosexuality, heterosexuality etc)
6. Sharing explicit sexual texts (sexting) or images

Non-resident parent

S43 (S24). Can we check, does <child's> biological father/ mother live here with you or elsewhere? PCG-only

Lives here..... ₁ → Go to S65
 Deceased ₂ → Go to S65
 Temporarily lives elsewhere..... ₃ → Go to S65

Lives elsewhere 4 → Go to S44

Parent Living Elsewhere Section (S44-S57)

S44 (S25). Were you ever married to or did you ever live with <child's> biological father / mother? PCG-only

Yes, married to..... 1 Yes, lived with..... 2 No 3 Go to S46 Adoptive / Foster parent 4 Go to S49

S45 (S26). What age was the Study Child when you split or separated from their biological father / mother? PCG-only _____

S50 (S27). How often does <child> have face-to-face contact with his / her biological father / mother? PCG-only

Daily 1 Monthly..... 5
More than once a week 2 Less than once a month 6
Weekly 3 No contact..... 7
Every second week / weekend 4

S51 (S28). How often does <child> have other contact (not face-to-face) with his / her biological father / mother? PCG-only

Daily 1 Monthly..... 5
More than once a week 2 Less than once a month 6
Weekly 3 No contact..... 7
Every second week / weekend 4

S51a (S28). Did the amount of face-to-face contact between <child> and his/her biological father/mother living elsewhere change because of the Covid pandemic?

Reduced a lot 1 Reduced a little 2 Stayed the same 3 Increased a little 4 Increased a lot 5

S52 (S29). 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. PCG-only

No, he/she never makes any payment 1
Yes, he/she makes a regular payment 2
Yes, he/she makes payments from time to time 3
Doesn't make a payment but regularly buys things for child (e.g. clothes, toys, meals out) 4

S53 (S30). How often do you talk to <child's> biological father/ mother about <child>? PCG-only

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

S56 (S31). How well do you get on with <child's> biological father/ mother? Would you say your relationship is? PCG-only

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

S58. 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

S59. 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

S60. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes ₁ No..... ₂

S61b. Why was that – please indicate the main reason?

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	Covid-19 restrictions	<input type="checkbox"/> ₆
		Other (specify)	<input type="checkbox"/> ₇

***MOVED TO PCG MAIN* 15. Does your family have access to a car?**

Yes ₁ No ₂

***MOVED TO PCG MAIN* 15b. Would your family like to have a car but you cannot afford it?**

Yes ₁ No ₂

***MOVED TO PCG MAIN* 16. Can your household afford an unexpected expense of €1,000 without borrowing? [If using credit card, then the amount should be paid within 1 month.]**

Yes ₁ No ₂

Final Section (Pregnancy, if female; How survey completed)

S65 (S32) [Female; If Male go to S66] Can I check, are you currently pregnant?

[This information is collected to put other responses - such as health and weight - in context] [Yes; No]

S66 (S33). Can you tell us on which type of device you completed this survey:

Desktop computer	<input type="checkbox"/> ₁
Laptop computer	<input type="checkbox"/> ₂
Tablet / iPad.....	<input type="checkbox"/> ₃
Smartphone	<input type="checkbox"/> ₄

Thank you very much for taking part in the Growing Up in Ireland survey.

If you have any queries about the survey please email growing-up@esri.ie or visit www.growingup.ie for further information. If you would like to talk to someone about any issues raised in this Questionnaire, please see here <https://www.growingup.ie/pubs/Parent-Support-Services.pdf> for resources

Time Ended (24 hour clock)

Date ____ day ____ mth ____ year

B3. 13-Year-Old Main Questionnaire

GROWING UP IN IRELAND
– *the national longitudinal study of children*

STRICTLY CONFIDENTIAL (May 22 2020)

YOUNG PERSON MAIN
QUESTIONNAIRE – Cohort '08 at 13 Pilot

CSO Identifier

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PIN

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Time Started

--	--	--	--

 (24 hour clock)

Date _____
 day mth year

Welcome to the *Growing Up in Ireland* survey and thank you for helping us by filling in the questionnaire. 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 and friends, how you feel and what you like to do.

Some of the questions are about your experiences during the recent Covid-19 pandemic (also known as Coronavirus) and the Government restrictions which were in place (when schools were closed and you had to stay at home). Some of the questions are about 'normal' times before the restrictions were put in place.

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.

In order to keep your data as secure as possible, you should answer the full survey in one sitting. If you part-complete it and someone else knows your PIN they may be able to see the answers in your part-complete survey. Your internet browser may save your PIN so someone else using your device may be able to access your part-complete survey. Once you have fully completed and submitted the survey, no-one else will be able to see your answers, even if they have your PIN.

Further information about the survey and how we use your data can be found in our respondent Privacy Statement *here* https://www.growingup.ie/pubs/GUI-Respondent-Privacy-Statement_11June2020.pdf

A. Preliminary Items

A1. Please confirm that you have read the Information Sheet, discussed participating with your interviewer and agree to take part in the survey:

- Yes, I agree to take part Q₁
 No, I do not wish to take part Q₂ Go to end

***Moved to YP Sensitive* S1b. Can you tell us on which type of device you completed this survey:**

- Desktop computer Q₁
 Laptop computer Q₂
 Tablet computer Q₃
 Smartphone Q₄

***Moved to YP Sensitive* S1c3. What is your date of birth? ___ / ___ / ___**
 DD / MM / YYYY

B. Activities and Time at Home

First, some questions about your recent experience during the Covid-19 pandemic.

B1. Thinking of the time when the restrictions related to Covid-19 were at their strongest – around April – please say whether each of the following was always true, sometimes true or not true for you.

- | | ALWAYS TRUE | SOMETIMES TRUE | NOT TRUE |
|--|----------------|----------------|----------------|
| a. I had a quiet space to study | Q ₁ | Q ₂ | Q ₃ |
| b. I enjoyed the chance to learn on my own | Q ₁ | Q ₂ | Q ₃ |
| c. I missed my school friends | Q ₁ | Q ₂ | Q ₃ |
| d. I was assigned work by my teacher at least once a week | Q ₁ | Q ₂ | Q ₃ |
| e. I had a chance to attend school lessons with my teacher on the internet | Q ₁ | Q ₂ | Q ₃ |
| f. My teacher sent links to online learning resources | Q ₁ | Q ₂ | Q ₃ |
| g. I gave up on trying to study until the school opened again..... | Q ₁ | Q ₂ | Q ₃ |
| h. My teachers gave me feedback on my work..... | Q ₁ | Q ₂ | Q ₃ |
| i. It was good to be apart from other students who bother me | Q ₁ | Q ₂ | Q ₃ |
| j. My parent(s) helped with my school work..... | Q ₁ | Q ₂ | Q ₃ |

B2. Still thinking now of the time when the restrictions related to Covid-19 were at their strongest – around April – please say whether each of the following was always true, sometimes true or not true for you.

- | | ALWAYS TRUE | SOMETIMES TRUE | NOT TRUE |
|--|----------------|----------------|----------------|
| a. I enjoyed the extra time with my family | Q ₁ | Q ₂ | Q ₃ |
| b. My family members argued more than usual | Q ₁ | Q ₂ | Q ₃ |
| c. We did more activities together | Q ₁ | Q ₂ | Q ₃ |
| d. I worried about the virus infecting me or someone else in my family | Q ₁ | Q ₂ | Q ₃ |
| e. I learned some new skills or improved existing skills..... | Q ₁ | Q ₂ | Q ₃ |
| f. I could see that my parents were worried about money..... | Q ₁ | Q ₂ | Q ₃ |
| g. I was sorry to miss taking part in sports..... | Q ₁ | Q ₂ | Q ₃ |
| h. I followed an exercise programme using the internet | Q ₁ | Q ₂ | Q ₃ |
| i. I was sorry to miss other activities such as scouts/guides, clubs, dancing, art or music lessons..... | Q ₁ | Q ₂ | Q ₃ |
| j. I was able to keep in touch with my friends | Q ₁ | Q ₂ | Q ₃ |
| k. I liked the extra free time..... | Q ₁ | Q ₂ | Q ₃ |
| l. I missed hanging out with my friends | Q ₁ | Q ₂ | Q ₃ |
| m. I ate more snack foods than usual | Q ₁ | Q ₂ | Q ₃ |

B3. Thinking about how much exercise you got when the Covid19 restrictions were at their strongest (around April 2020), how did this compare to before the restrictions?

A lot more	A little more	About the same	A little less	A lot less
Q ₁	Q ₂	Q ₃	Q ₄	Q ₅

C. Activities

Now, Please think about 'normal' times, rather than during the Covid-19 restrictions.

Please tick below to indicate (a) would you do these activities at least once a month and (b), if you do not, the main reason.

	(a) Do activity at least once a month?		(b) If not, what is the main reason		
	Yes	No	No interest	Not available to me	Too expensive
C1. Play sports with a coach or instructor, or as part of an organised team, other than in P.E. class? (swimming, soccer, GAA games, hockey, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Take part in dance lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. Take part in art, crafts, drama or music lessons / clubs / rehearsals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. Take part in clubs or groups such as Guides or Scouts, youth club, community or church groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C5. If you do any of the above activities, do you have special responsibilities, such as team leader, captain, secretary, etc.?

Yes No..... Don't do any of the activities.....

C6. How many times a week do you do these activities for fun or to relax.

Please think about normal times rather than during the Covid-19 restrictions.

	Every day	3 to 6 times a week	Once or twice a week	Less than once a week / Never
a. Reading for fun (include Kindle or other e-book reader) (not for school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Singing or playing a musical instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical activities or sports without a coach or instructor (e.g. dancing, swimming, biking, soccer, running)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drawing/painting/crafts (such as model-making, knitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Going to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Spending time with pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Hanging out with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Watching television, videos or movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Playing computer/video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Online activities such as searching the internet or using social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Internet and Screen Time

D1. Do you have any of the following that you can use to access the internet?

	No	Yes, for my sole use	Yes, but shared with someone else
a. Smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tablet (no keyboard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Tablet with a keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Laptop computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other computer (including desktop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other device, such as gaming console	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2. How much time have you spent on each of the following on a typical day in the past week (where it is your main activity at the time)?

D2. How much time do you spend on each of the following activities on a typical day (where it is your main activity at the time)? Please include time before school as well as time after school and include any screen-based device: TV, computer, tablet, smart-phone. For each, please answer separately for weekdays and weekend days.

	None	Up to one Hour	1 to less than 2 hours	2 to less than 3 hours	3 to less than 4 hours	4 to less than 5 hours	5 or more hours
WEEKDAY DURING TERM TIME							
a. Watching television /films/ videos (on TV set, tablet or other device)	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅	⓪ ₆	⓪ ₇
b. Playing video/computer games	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅	⓪ ₆	⓪ ₇
c. Other online or screen-based activities	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅	⓪ ₆	⓪ ₇
WEEKEND DAY or HOLIDAY							
d. Watching television /films/ videos (on TV set, tablet or other device)	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅	⓪ ₆	⓪ ₇
e. Playing video/computer games	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅	⓪ ₆	⓪ ₇
f. Other online or screen-based activities	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅	⓪ ₆	⓪ ₇

D3. Still thinking about the past week. How often have you gone ONLINE for each of the following in the past week?

	Never	Once or twice	3 to 6 times	Every day	Several times each day
a. to watch videos on YouTube, TikTok or similar	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
b. to use a social network service such as Instagram, Snapchat or Facebook	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
c. to play games on your own	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
d. to play games with other people	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
e. for instant messaging	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
f. to talk to friends or family					
g. to watch TV or movies on the internet	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
h. to listen to music	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
i. to share photos, videos or music with people other than your family	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
j. to read a book, article or blog	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
k. to search for information on things that interest you	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
l. to participate in an online group where people share my interests or hobbies	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
m. something else	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅

D4 (D3). Do you have your own **account or profile** on a social networking or social media site that you currently use (such as Instagram or WhatsApp)? Yes ... ⓪₁ No ... ⓪₂

D5 (D4). Do you have your own **account or profile** on a gaming site that you currently use (such as Fortnite)? Yes ... ⓪₁ No ... ⓪₂

D6 (D5). In the PAST YEAR, how often have these things happened to you?

	Never	A few times	At least once a month	At least once a week	Daily or almost daily
a. I have felt bothered when I cannot be on the internet	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
b. I have spent less time than I should with either family, friends or doing schoolwork because of the time I spent on the internet	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
c. I have gone online to look for information to help me with a problem	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅

D7. When you have been online, how often does your parent or guardian check the following

	Never	Hardly ever	Sometimes	Often	Very often
a. Which friends or contacts I add to my social networking profile/ or instant messaging service	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
b. The messages in my email or other app for communicating with people	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
c. My profile on a social networking site or online community	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
d. Which websites I visited	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅
e. The apps I downloaded	⓪ ₁	⓪ ₂	⓪ ₃	⓪ ₄	⓪ ₅

D8 (D6). How much do you think your parent/guardian knows about what you do on the internet?

Nothing	Just a little	Quite a bit	A lot
☐ ₁	☐ ₂	☐ ₃	☐ ₄

[ROUTING – ask 9 if 1,2 or 3 for any device at 12 (has internet device); Otherwise go to 20]

D9 (D7). Thinking about your internet access device how often, if ever do you . . .

	Never	Hardly ever	Sometimes	Often	Very often	
a. Feel as if you have to respond to messages/posts from other people immediately	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅	
b. Feel safer when you are out and about because you have your phone with you	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅	☐ ₆ no phone
c. Have your internet device in your bedroom and connected to the internet during the night	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅	

D9_1 (D8). To what extent do you use your smartphone or tablet while doing any of these other activities?

(Never, hardly ever, sometimes, often, very often)

- a. Travelling (to/from school / other activities)
- b. Eating
- c. Watching TV or movies
- d. Doing homework
- e. Relaxing with family
- f. Hanging out with friends

D10 (D9). How often, if ever, do you feel that your parent or caregiver is distracted by their smartphone when you are trying to have a conversation with them?

Never☐₁ Hardly ever☐₂ Sometimes☐₃ Often.....☐₄ Very often.....☐₅

E. School and Education

Now some questions about your experiences of school and education

1. What class were you in for the last school year (from September 2019)?

- Home schooled☐₁ ☐ Go to 28
- 5th class.....☐₂ ☐ Go to 26
- 6th class.....☐₃ ☐ Go to 26
- 1st year☐₄
- 2nd year.....☐₅
- Other class☐₆

[If Yes], which course(s)? [Tick all that apply]

- a. Coding☐₁
- b. Civic, Social and Political Education (CSPE).....☐₁
- c. Physical Education.....☐₁
- d. Digital Media Literacy (DML)☐₁
- e. A Personal Project: Caring for Animals (Level 2)☐₁
- f. Social Personal and Health Education (SPHE).....☐₁
- g. Artistic Performance☐₁
- h. CSI: Exploring Forensic Science (Level 2)☐₁
- i. Chinese Language and Culture.....☐₁
- j. Philosophy.....☐₁
- k. Other please specify.....☐₁

E1. What class are you in since last September?

- Home schooled☐₁ ☐ Go to E14
- 5th class.....☐₂ Go to E11
- 6th class.....☐₃ ☐ Go to E11
- 1st year☐₄
- 2nd year.....☐₅
- Other class at second level☐₆
- Other class at primary level☐₇ ☐ Go to E11

Section for Students in Second Level Schools since last September

E2 (E2a). Please tick the subjects you are taking from September 2021. For Irish, English and Maths, please tick which level you are studying.

- Irish Higher _1 Ordinary _2 Not sure yet _3 Don't take Irish..._4
- English Higher _1 Ordinary _2 Not sure yet _3
- Mathematics Higher _1 Ordinary _2 Not sure yet _3
- History _1 Business Studies _1
- Geography _1 Civic, Social and Political Education (CSPE) _1
- French _1 Physical Education _1
- German _1 Social, Personal and Health Education (SPHE) _1
- Spanish _1 Other (please specify) _1
- Religious Education _1
- Visual Art _1
- Music _1
- Science _1
- Home Economics _1
- Wood Technology _1
- Engineering _1
- Graphics _1

E3. Did you take any short courses this year? Yes ... _1 No ... _2

E5 (E4). Did you have any choice over what subjects you did this year? Yes, a lot ... _1 Yes, a little ... _1 No ... _2

E8 (E5). How many of your friends from primary school are ... [tick one box on each line]

	None	One	Two	3 or more	Still at primary school
a.... in your secondary school	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

E9 (E6). Here are some views about how you settled into your secondary school. There are no right or wrong answers. For each statement please select an answer to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I feel I am settling in well into secondary school.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
b. I miss my 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
c. I worry about making new friends.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
d. I am getting on 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
e. I have made new friends.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
f. I am involved in organised activities after school or at lunchtime.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
g. I get 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

E10a (E7). In general, thinking about all your subjects, how regularly do the following take place in your classes? [TICK ONE BOX ON EACH LINE] [Response categories: very regularly; quite regularly; now and again; never or hardly ever]

a. We copy notes from the whiteboard
b. I work in a group with other students

c. We use computers or tablets in class
d. I make a presentation to the class
e. I can express my opinions in class
f. I can show what I have learnt in different ways -- not just written tests.
g. We have projects to do outside class time
h. We get a say in what happens in class
E10b (E8). In general, thinking about all your teachers, how regularly do they do the following in your classes? [TICK ONE BOX ON EACH LINE] [Response categories: very regularly; quite regularly; now and again; never or hardly ever]
a. The teacher reads from the textbook
b. The teacher goes too slowly with the class
c. The teacher explains things really well
d. The teacher does most of the talking
e. The teacher gives me feedback on how I'm doing
f. The teacher goes too quickly with the class

E11 (E9) [If you are still in fifth / sixth class] for each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I am excited about starting secondary school.....	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
b. I am looking forward to making new friends.....	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
c. I am nervous about moving to a new school.....	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅

E12 (E10). How do you feel about school in general? [TICK ONE BOX ONLY]

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

E13 (E11). In general, how often do the following things happen to you in school? [TICK ONE BOX ON EACH LINE] [very often; often; a few times; never]

a. You are told by a teacher that your work is good
b. You are encouraged to ask questions in class
c. A teacher praises you for answering a question
d. You are given out to by a teacher because your work is untidy or not done on time
e. You are asked questions in class by the teacher
f. You are given out to by a teacher for misbehaving in class

E14 (E12). On average how much time do you spend doing homework and/or study on a normal weekday during term-time? Please think about 'normal' times, rather than during the Covid-19 restrictions. [TICK ONE BOX ONLY]

0 to 30 minutes	31 minutes to less than 1 hour	1 to less than 1.5 hours	1.5 to less than 2 hours	2 to less than 3 hours	3 to less than 4 hours	4 or more hours		Don't do homework
☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅	☐ ₆	☐ ₇		☐ ₈

E15. During term time, do you take part in a homework club or supervised study (either in school or elsewhere)? Please think about 'normal' times, rather than during the Covid-19 restrictions.

Every day	A few times a week	Once a week	A few times a month	Less than once a month	Never
☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅	☐ ₆

E16 (E13).For each of these subjects, please indicate if you find the subject Difficult, OK, Not difficult or You Don't Take that Subject. [TICK ONE BOX ON EACH LINE]

	Difficult	OK	Not difficult	Don't take
Maths.....	☐ ₁	☐ ₂	☐ ₃	☐ ₄
Irish	☐ ₁	☐ ₂	☐ ₃	☐ ₄
English.....	☐ ₁	☐ ₂	☐ ₃	☐ ₄
Science.....	☐ ₁	☐ ₂	☐ ₃	☐ ₄

E17 (E14). For each of these subjects, please indicate if you find the subject Interesting, OK, Not interesting or you don't take that subject. [TICK ONE BOX ON EACH LINE]

	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

E18 (E15). Some students get extra help at school in some subjects. Over the last 12 months have you received any extra help within school in any subject? [Yes; No]

E19 (E16). What subjects did you get extra help in? [TICK ALL THAT APPLY]
[English/Reading; Maths; Irish; Other subject]

E20 (E17). Over the last 12 months, how often have the following things happened to you? [TICK ONE BOX ON EACH LINE]
[Never; Now & Again; Quite Often; All the time]

I was late for school
I got into trouble for not following school rules
I skipped classes or mitched.
I 'messed' in class
I had to do extra work as punishment (including lines)
I had to do detention (after school or at lunch-time)
I was suspended from school

E21 (E18). How many days were you absent from school in the last 12 months (not counting any time the school or your class was closed because of holidays, Covid-19 or any other reason.)

E22 (E19). What is the highest qualification you expect to get by the time you finish your education? [TICK ONE BOX ONLY]
Junior Cert.; Leaving Cert.; Certificate or Diploma (including PLC, apprenticeship); Degree or higher degree

F: Parental Supervision and Discipline; Pocket Money

F1. On an average school day, when schools are open, how much time in a day do you spend alone at home while nobody else is home? [TICK ONE BOX ONLY]

None	Up to one hour [Less than 1 hour a day]	1 to 2 hours [1 to less than 2 hours a day]	2 to 3 hours [2 to less than 3 hours a day]	3 to 4 hours [3 to less than 4 hours a day]	5 to 6 hours [4 to less than 6 hours a day]	6 hours or more [6 or more hours a day]
<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

F2. The following questions refer to the rules and limits your parents may place on your activities. [TICK ONE BOX ON EACH LINE ONLY]

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	Not applicable / don't do it
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	<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?	<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?	<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?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. 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	<input type="checkbox"/> 6
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	<input type="checkbox"/> 6

F3. When you misbehave, how often do your parents do the following? [TICK ONE BOX ON EACH LINE]

	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
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 Q₁ Q₂ Q₃
- g. Give out to you Q₁ Q₂ Q₃
- h. Offer you treats to be good..... Q₁ Q₂ Q₃
- i. Ground you..... Q₁ Q₂ Q₃
- xj. Remove your phone/tablet/internet access..... Q₁ Q₂ Q₃

F4. Do you get money to spend on yourself from any of the following? [TICK ALL THAT APPLY]

- a. Regular pocket money Q₁
- b. Doing chores (or babysitting) in the home Q₂
- c. Given money by parents when I need it Q₃
- d. Doing occasional jobs (e.g. babysitting) outside the home Q₄
- e. Have a regular part-time job Q₅

F5. About how much money, in total, do you receive when you put all these sources together? € _____ per [week/month] _____

G. Physical activities, diet and chores

Now some questions about exercise and sport.

G1. Over the past 7 days on how many days were you physically active for a total of at least an hour (60 minutes) per day? Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school physical education class, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, cycling, dancing, skateboarding, swimming, soccer and football.

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
Q ₀	Q ₁	Q ₂	Q ₃	Q ₄	Q ₅	Q ₆	Q ₇

G2. Over the past 7 days on how many days did you take part in light exercise for a total of at least an hour (60 minutes) per day? Light exercise is not hard enough to make you breathe heavily or make your heart beat faster. Examples include slow walking, or slow cycling.

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
Q ₀	Q ₁	Q ₂	Q ₃	Q ₄	Q ₅	Q ₆	Q ₇

G3. Outside of your physical education classes, how many team or individual sports or activities did you participate in during the past 12 months (for example, a school or local football/netball team, athletics, tennis, dance etc.)? [TICK ONE BOX ONLY]

None Q₁ 1 activity Q₂ 2 activities Q₃ 3 activities..... Q₄ 4 or more activities.... Q₅

G4. [If yes to sports outside PE at 28], what is your favourite sport or physical activity to do? [Tick one box]

Gaelic football..... Q ₁	Hurling Q ₆	Camogie Q ₁₁	Hiking..... Q ₁₅
Soccer Q ₂	Basketball..... Q ₇	Rugby Q ₁₂	Other Q ₁₆
Swimming Q ₃	Athletics Q ₈	Gymnastics..... Q ₁₃	
Dancing Q ₄	Horse riding..... Q ₉	Hockey Q ₁₄	
Martial arts/boxing..... Q ₅	Tennis..... Q ₁₀		

G5. Do you do any of these chores at home? [TICK ONE BOX ON EACH LINE]

	Every day	At least once a week	Less often	Never
a. Help with cooking for the family	Q ₁	Q ₄	Q ₅	Q ₇
b. Hoovering / cleaning	Q ₁	Q ₄	Q ₅	Q ₇
c. Helping in the garden	Q ₁	Q ₄	Q ₅	Q ₇
d. Washing the dishes / emptying the dishwasher	Q ₁	Q ₄	Q ₅	Q ₇
e. Feeding or cleaning up after your family pet	Q ₁	Q ₄	Q ₅	Q ₇
f. Putting out the bin / recycling	Q ₁	Q ₄	Q ₅	Q ₇
g. Cleaning the car	Q ₁	Q ₄	Q ₅	Q ₇
h. Helping with your younger brothers or sisters	Q ₁	Q ₄	Q ₅	Q ₇
i. Helping an elderly or sick relative in the family	Q ₁	Q ₄	Q ₅	Q ₇
j. Helping out on the farm or other family business	Q ₁	Q ₄	Q ₅	Q ₇

k. Any other chores (please specify the one you do most often and say how often you do it)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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G5_1 (G3). Over the last week, how much time did you spend ...

	None	Up to one hour [Less than 1 hour]	1 to 2 hours [less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more [5 or more hours]
a. helping with tasks inside the house, such as cleaning, tidying, laundry, preparing meals, taking care of younger children or sick family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. helping with tasks outside the house such as gardening, taking out the bins, washing the car or helping on a family farm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would now like to ask some questions about the things that you eat.

G6 (G4). How often do you

	Every day	5 or 6 days a week	3-4 days a week	1-2 times a week	Less than once a week /Never
a. Have breakfast (either at home or at school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Have a snack between meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G7 (G5). [If snack every day or 5-6 days a week] **About how many snacks most days? _____**

G8 (G6). How many of these snacks are sugary foods or drinks (e.g. sweets, chocolate, sugary drinks, juices _____)?

***MOVED TO PCG MAIN* B27_1. We would like you to think of the number of times a week you usually eat or drink any of the following. [TICK ONE BOX ON EACH LINE]**

	Less than once a week /Never	Once or twice a week	3 or 4 times a week	5 or 6 times a week	Every day - once	Every day - more than once
t. Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Fruit Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Meat, chicken, fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Vegetarian alternatives such as eggs, beans, tofu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Potatoes, Rice, Pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Cereals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Cheese / yoghurt / fromage frais	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Milk (including non-dairy or lactose-free milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[If any Cheese / yoghurt / fromage frais eaten at 37h above]

XX. Thinking about the cheese / yoghurt / fromage frais you eat, is it usually [Tick all that apply]

Full-fat ... Reduced fat ... Not sure ...

[If any Milk consumed at 37i]

XX. What kind of milk do you usually drink? [Tick all that apply]

Full-fat ... Skimmed or semi/skimmed ... Non-dairy ... Lactose-free ... Not sure ...

***MOVED TO PCG MAIN* B27_2. How many portions of fruit or vegetables would you usually have in a day?**

None	1 per day	2 per day	3 per day	4 per day	5 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***MOVED TO PCG MAIN* B28. Do you follow any of the following kinds of special diet? [Tick one only]**

Vegetarian (no meat or fish but eat dairy and/or eggs)	Vegan (no animal products at all)	Pescatarian (eat fish, but not meat)	No, none of these
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Q ₁	Q ₂	Q ₃	Q ₄
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G14 (G7). How often do you brush your teeth? [TICK ONE BOX ONLY]

[More than twice a day; Twice a day; Once a day; Less often than once a day; Rarely; Not at all]

Now some questions about sleep. Please think about a week night during term time, when the schools are open.

G15 (G8). What time do you normally go to sleep on a week-night? Put in the time of going to sleep rather than going to bed if these are different). ___ [hour] : ___ [minutes after the hour, 0 if none]

G16 (G9). And what time do you normally wake up on a week-day ___ [hour] : ___ [minutes after the hour, 0 if none]

What time do you normally go to sleep on a week-night? (Please think about normal term time, and not during the Covid restrictions.) Put in the time of going to sleep rather than going to bed if these are different). ___ : ___

And what time do you normally wake up on a week-day? ___ : ___

H. Things You Have or Can Do

Now some questions about things you have or can do

H1. Young people differ in the kinds of things they have or can do. For each of the following, please select the answer that best describes your situation

	Yes, I have	No, but do not want or need	No, but would like to have
a. Do you have the right kind of clothes to fit in with other people your age	Q ₁	Q ₂	Q ₃
b. Do you have the gear and equipment that you need for school (including for sports)	Q ₁	Q ₂	Q ₃
c. Do you have books (including e-books) at home suitable for your age	Q ₁	Q ₂	Q ₃
d. Do you have your own bed or bunk bed	Q ₁	Q ₂	Q ₃
e. Do you have the right kind of electronic devices to keep in touch, or play games, with other people your age	Q ₁	Q ₂	Q ₃
f. Do you have a suitable place at home to study or do your homework	Q ₁	Q ₂	Q ₃
	Yes, I can	No, but do not want to	No, but would like to
g. Can you invite friends over from time to time	Q ₁	Q ₂	Q ₃
h. Can you have a celebration for your birthday or special events	Q ₁	Q ₂	Q ₃
i. Can you go on school trips or to school events	Q ₁	Q ₂	Q ₃
j. Can you have meal out with your family at least once a month	Q ₁	Q ₂	Q ₃
k. Can you go on a family holiday at least once a year (in Ireland or elsewhere)	Q ₁	Q ₂	Q ₃

J. Feelings and how [13-year-old] sees themselves

J1. Now some questions on how you have been feeling. Please think about the last four weeks.

How much of the time in the past four weeks have you ...	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Been a very nervous person	Q ₁	Q ₂	Q ₃	Q ₄	Q ₅	Q ₆
b. Felt so down in the dumps that nothing could cheer you up	Q ₁	Q ₂	Q ₃	Q ₄	Q ₅	Q ₆
c. Felt calm and peaceful	Q ₁	Q ₂	Q ₃	Q ₄	Q ₅	Q ₆
d. Felt downhearted and blue	Q ₁	Q ₂	Q ₃	Q ₄	Q ₅	Q ₆
e. Been a happy person	Q ₁	Q ₂	Q ₃	Q ₄	Q ₅	Q ₆

***MOVED TO YP SENSITIVE S10_1 (was J2).** The next set of questions are about how you have been feeling or acting recently. For each question, please indicate how much you have felt or acted this way in the past two weeks. If a sentence was true about how you felt or acted most of the time, answer TRUE. If it was only sometimes true, answer SOMETIMES. If a sentence was not true about you, answer NOT TRUE.

A. I felt miserable or unhappy
B. I didn't enjoy anything at all
C. I felt so tired I just sat around and did nothing
D. I was very restless
E. I felt I was no good any more
F. I cried a lot
G. I found it hard to think properly or concentrate
H. I hated myself
I. I was a bad person
J. I felt lonely
K. I thought nobody really loved me
L. I thought I could never be as good as other kids
M. I did everything wrong

And now, some more questions about you

J3 (J2). How would you describe yourself? [TICK ONE BOX ONLY]

Very skinny	A bit skinny	Just the right size	A bit overweight	Very overweight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J4 (J3). Have you ever exercised to lose weight or to avoid gaining weight? [Yes; No]

J5 (J4). Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to avoid gaining weight [Yes; No]

J6x (J5). On a scale of 0 to 10 where 0 is 'not satisfied at all' and 10 is 'completely satisfied', how satisfied are you with your life these days?

0	1	2	3	4	5	6	7	8	9	10
Not at all satisfied										Completely Satisfied
<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"/>

J9 (J6). Here is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

How much of the time in the past four weeks have you ...	Strongly agree	Agree	Disagree	Strongly disagree
1. On the whole, I am satisfied with myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. At times I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am able to do things as well as most other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I certainly feel useless at times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. All in all, I am inclined to feel that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I take a positive attitude toward myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Moved from YP SENSITIVE* S1. If you had a problem or needed support, would you talk about it to any of the following? [Tick all that apply]**

- a. Parents
- b. Teacher
- c. Some other adult in the school (such as guidance counsellor, class tutor).....
- d. Friends
- e. Brother or sister
- f. Grandmother/grandfather
- g. Someone else.....
- h. Nobody

K. Siblings and Friends

Now some questions about your brothers and sisters and your friends

K1. Do you have any brothers or sisters living at home?

Yes ①

No ②

K2. [If yes] How often do you do any of the following with any of your brothers or sisters?

	Never	Less than once a week	Once a week	2-5 times a week	Nearly every day
a. Play computer or video games together	①	②	③	④	⑤
b. Listen to music together	①	②	③	④	⑤
c. Spend time together on another hobby or interest	①	②	③	④	⑤
d. Go out together	①	②	③	④	⑤
e. Talk together	①	②	③	④	⑤
f. Eat together	①	②	③	④	⑤
g. Argue with one another	①	②	③	④	⑤
h. Push, shove or hit one another	①	②	③	④	⑤
i. Play sports (e.g, football, gymnastics) together	①	②	③	④	⑤
j. Help each other with homework	①	②	③	④	⑤

K3. How many friends do you normally hang around with? [TICK ONE BOX ONLY]

A. None ① **Go to end**

B. One or two ②

D. Between 6 and 10 ④

C. Between 3 and 5 ③

E. More than 10 ⑤

K4. How many of these would you describe as CLOSE friends? _____

K5 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 ① ② ③

B. About the same age ① ② ③

C. A year or two older ① ② ③

D. More than two years older ① ② ③

K6. 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

49. Thinking of the friends you feel closest to, how did you first meet them?

I met most of them face-to-face ① I met most of them online ②

Mixed, I met some face-to-face and some online ③

K8 (K7). When you need to talk to your friends about something, how do you do it?

	Often	Sometimes	Never
a. By phone or voice call or video call	①	②	③
b. By text message (including WhatsApp)	①	②	③
c. Through post on social media	①	②	③

K9 (K8): Thinking about how you get on with your friends, would you say the following things are 'always true', 'sometimes true' or 'not true'?

ALWAYS TRUE SOMETIMES TRUE NOT TRUE

k. I have fun with my friends ① ② ③

l. My friends would help me out if I needed them ① ② ③

K10 (K9) *was S1*. If you had a problem or needed support, would you talk about it to any of the following?

[Tick all that apply]

i. Parent(s) ①

j. Teacher ②

k. Some other adult in the school (such as guidance counsellor, class tutor) ③

l. Friends ④

m. Brother or sister ⑤

n. Grandmother/grandfather ⑥

o. Someone else ⑦

p. Nobody ⑧

K11 (K10) *was L1*. Looking to the future, what job would you really like to get?

Ending Script:

If this interview (or the web survey) has raised any issue that you are concerned about, perhaps you could talk it over with your [mother/father/guardian].

There is also a list of support services you can contact that we sent you by post.

This list of support services also be found on the website. Go to www.growingup.ie and either click on the red button at the top of the home page or open the 'menu' if you are using a smartphone.

B4. 13-Year-Old Sensitive Questionnaire

GROWING UP IN IRELAND
– *the national longitudinal study of children*

YOUNG PERSON MAIN
QUESTIONNAIRE – Cohort '08 at 13 Pilot

CSO Identifier

PIN

Time Started (24 hour clock)

Date
day mth year

Preliminaries

S1. Please enter your unique ID, given to you by your interviewer _____ S1. .

S1a. Please confirm that you have read the Information Sheet, discussed participating with your interviewer and agree to take part in the survey:

Yes, I agree to take part ₁

No, I do not wish to take part ₂ Go to end

S1b. [Moved from YP Main] Can you tell us on which type of device you completed this survey:

- Desktop computer ₁
- Laptop computer ₂
- Tablet computer ₃
- Smartphone ₄

S1c3. [Moved from YP Main] What is your date of birth? ___/___/____
DD / MM / YYYY

Before we begin, we'd like to remind you that all the information you give us in answer to the questions in this survey will be treated as strictly confidential and private. Your answers will be combined with information from thousands of young people. The researchers who look at all of the answers together will not be able to link your answers back to you. You can decide to take part in the survey. You can also decide to change your mind and withdraw from the survey at any time – even after you have completed the survey. If there is any question do not wish to answer, you do not have to do so.

***Moved to YP MAIN* S1. If you had a problem or needed support, would you talk about it to any of the following? [Tick all that apply]**

- q. Parents
- r. Teacher ₁
- s. Some other adult in the school (such as guidance counsellor, class tutor) ₂
- t. Friends ₃
- u. Brother or sister ₄
- v. Grandmother/grandfather ₅
- w. Someone else ₆
- x. Nobody ₇

Sources of Information

Now some questions on where you would go for information.

S2. This school year have you been taught the following in your school:

- a. Relationships and Sexuality Education (RSE) Yes ... ₁ No... ₂

- b. How to stay healthy (e.g. diet and exercise) Yes ...₁ No...₂
- c. How to feel good about myself and my life Yes ...₁ No...₂

S3. Have you ever discussed sex and/or relationship issues with your parent(s) / guardian(s)? Yes ...₁ No...₂

S4. Where would you be MOST likely to go to get information or advice on sex or relationship issues?
[TICK ONE BOX ONLY]

- | | | | |
|---------------------|---------------------------------------|------------------------------|--|
| Nowhere | <input type="checkbox"/> ₁ | Boyfriend/ Girlfriend..... | <input type="checkbox"/> ₈ |
| Mum..... | <input type="checkbox"/> ₂ | Teacher | <input type="checkbox"/> ₉ |
| Dad..... | <input type="checkbox"/> ₃ | Internet..... | <input type="checkbox"/> ₁₀ |
| Brother/sister..... | <input type="checkbox"/> ₄ | Magazines | <input type="checkbox"/> ₁₁ |
| Aunts/ Uncles..... | <input type="checkbox"/> ₅ | Books..... | <input type="checkbox"/> ₁₂ |
| Friends | <input type="checkbox"/> ₆ | TV/ Films/ DVDs..... | <input type="checkbox"/> ₁₃ |
| Cousins..... | <input type="checkbox"/> ₇ | Other (please specify) _____ | <input type="checkbox"/> ₁₄ |

Sexual Orientation, Puberty

S5a. Do you have a boyfriend or girlfriend at the moment? [Yes; No]

S5b. Are you attracted to ...[Please tick the box that best describes you]

- Girls ₁ Boys ₂ Both girls and boys ₃ I am not attracted to anyone ₄ Not sure / still deciding ₅ Prefer not to say ₆

S6. Would you describe yourself as: Male..... ₁ Female ... ₂ Other ... ₃ Prefer not to say ... ₄

S6 We now have one or two questions which are different for boys and girls. Please indicate which questions are appropriate for you: [Tick one box]

Questions for boys ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉ ₁₀ ₁₁ ₁₂ ₁₃ ₁₄ ₁₅ ₁₆ ₁₇ ₁₈ ₁₉ ₂₀ ₂₁ ₂₂ ₂₃ ₂₄ ₂₅ ₂₆ ₂₇ ₂₈ ₂₉ ₃₀ ₃₁ ₃₂ ₃₃ ₃₄ ₃₅ ₃₆ ₃₇ ₃₈ ₃₉ ₄₀ ₄₁ ₄₂ ₄₃ ₄₄ ₄₅ ₄₆ ₄₇ ₄₈ ₄₉ ₅₀ ₅₁ ₅₂ ₅₃ ₅₄ ₅₅ ₅₆ ₅₇ ₅₈ ₅₉ ₆₀ ₆₁ ₆₂ ₆₃ ₆₄ ₆₅ ₆₆ ₆₇ ₆₈ ₆₉ ₇₀ ₇₁ ₇₂ ₇₃ ₇₄ ₇₅ ₇₆ ₇₇ ₇₈ ₇₉ ₈₀ ₈₁ ₈₂ ₈₃ ₈₄ ₈₅ ₈₆ ₈₇ ₈₈ ₈₉ ₉₀ ₉₁ ₉₂ ₉₃ ₉₄ ₉₅ ₉₆ ₉₇ ₉₈ ₉₉ ₁₀₀

Questions for girls ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉ ₁₀ ₁₁ ₁₂ ₁₃ ₁₄ ₁₅ ₁₆ ₁₇ ₁₈ ₁₉ ₂₀ ₂₁ ₂₂ ₂₃ ₂₄ ₂₅ ₂₆ ₂₇ ₂₈ ₂₉ ₃₀ ₃₁ ₃₂ ₃₃ ₃₄ ₃₅ ₃₆ ₃₇ ₃₈ ₃₉ ₄₀ ₄₁ ₄₂ ₄₃ ₄₄ ₄₅ ₄₆ ₄₇ ₄₈ ₄₉ ₅₀ ₅₁ ₅₂ ₅₃ ₅₄ ₅₅ ₅₆ ₅₇ ₅₈ ₅₉ ₆₀ ₆₁ ₆₂ ₆₃ ₆₄ ₆₅ ₆₆ ₆₇ ₆₈ ₆₉ ₇₀ ₇₁ ₇₂ ₇₃ ₇₄ ₇₅ ₇₆ ₇₇ ₇₈ ₇₉ ₈₀ ₈₁ ₈₂ ₈₃ ₈₄ ₈₅ ₈₆ ₈₇ ₈₈ ₈₉ ₉₀ ₉₁ ₉₂ ₉₃ ₉₄ ₉₅ ₉₆ ₉₇ ₉₈ ₉₉ ₁₀₀

BOYS ONLY ['Male' at S6]

S7b. Boys' bodies develop at different rates. We would like to ask you a few questions about your stage of development at the moment.

Has your voice changed at all? [TICK ONE BOX ONLY; No, it is the same; Yes, occasionally a lot lower; Yes, it is now totally changed; Not sure]

GIRLS ONLY ['Female' at S6]

S7g1. Girls can start their periods at different ages. Have you started your periods yet? [Yes; No]

S7g2 [If yes] What age were you when you had your first period? [years & months]

Anti-social behaviour

S8. How often in the last year have you done any of the following? [TICK ONE BOX ON EACH LINE]

- | | Never | Once | 2 or more times |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| • Not paid the correct fare on a bus or train..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| • Taken something from a shop or store without paying for it..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> 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 |
| • 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 |
| • 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 |
| • 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 |
| • 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 |
| • 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 |

The people responsible for the study must remind you that these activities are risky (some are also against the law) and could result in you or somebody else getting hurt.

S9. Have you ever been in trouble with the Gardai? Yes ₁ No ₂

Mental Health Symptoms

S10_2. Can I ask [No, never; Maybe; Yes, definitely]

a. Have you ever heard voices or sounds that no-one else can hear?

***MOVED FROM YP MAIN* S10_1 . The next set of questions are about how you have been feeling or acting recently. For each question, please indicate how much you have felt or acted this way in the past two weeks.**

If a sentence was true about how you felt or acted most of the time, answer TRUE. If it was only sometimes true, answer SOMETIMES. If a sentence was not true about you, answer NOT TRUE.

- A. I felt miserable or unhappy
- B. I didn't enjoy anything at all
- C. I felt so tired I just sat around and did nothing
- D. I was very restless
- E. I felt I was no good any more
- F. I cried a lot
- G. I found it hard to think properly or concentrate
- H. I hated myself
- I. I was a bad person
- J. I felt lonely
- K. I thought nobody really loved me
- L. I thought I could never be as good as other kids
- M. I did everything wrong

Experience of Bullying and Bullying Others

S11. Have you been bullied in the last 12 months? Yes ₁ No ₂

S12. Have you experienced any of the following from a child or young person in the last 12 months? Please indicate the number of times.

	Never	Once	2-3 times	4 or more times
A. Been hit, kicked or punched	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. Been pushed, shoved or slapped	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. Name-calling, hurtful slugging	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
D. Been sent hurtful message by text, email or other message app.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
E. Had something hurtful posted online about you.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
F. Someone circulating upsetting note/ photo/video or graffiti about you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
G. Someone taking / damaging your personal possessions.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
H. Exclusion (being left out).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I. Gossip, spreading rumours about you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
J. Threatened / forced to do things you didn't want to do.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

[If 'No' to S11 and 'Never' to all items at S12, Go to S18]

S13. Did any of these experiences involve the same person or people on more than one occasion? Yes... ₁ No ... ₂

S14. Did this person or people intend to be hurtful? Yes ... ₁ No ... ₂ Not sure ... ₃

S15. When these things happened, how did this make you feel ... ? [TICK ONE BOX ON EACH LINE]

- a. Upset? Not at all ... ₁ A little ... ₂ A lot ... ₃
- b. Afraid? Not at all ... ₁ A little ... ₂ A lot ... ₃
- c. Angry? Not at all ... ₁ A little ... ₂ A lot ... ₃

62. Have you told anyone about this experience? Yes..... ₁ No..... ₂

S16a (S16). Have you told a parent, teacher or other adult about this experience? [Yes; No]

S1763. Who have you told about this experience? [TICK ALL THAT APPLY]

Teacher ₁ Parent ₂ Friend ₃ Other ₄

S18 (S17). In the last 3 months have you bullied someone? Yes..... ₁ No ₂

S19. Have you done any of the following to someone else in the last 12 months?

	Never	Once	2-3 times	4 or more times
A. Hit, kicked or punched someone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. Pushed, shoved or slapped someone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. Name-calling, hurtful slugging of someone else	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
D. Sent hurtful message by text, email or other message app	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
E. Posted something hurtful online about someone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
F. Circulated upsetting notes/ photo/video or graffiti about someone ..	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
G. Taking / damaging someone's personal possessions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
H. Exclusion (deliberately leaving someone out)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I. Gossiped, spreading rumours about someone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
J. Threatened / forced someone to do things they didn't want to do.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

S20. Did you intend to be hurtful? Yes ... ₁ No ... ₂ Not sure ... ₃

S21. What caused you to do this? [TICK ALL THAT APPLY]

A. Having a bad day.....	<input type="checkbox"/> ₁	F. Enjoy hurting people	<input type="checkbox"/> ₆
B. Dislike of the person	<input type="checkbox"/> ₂	G. To be accepted by the group/gang.....	<input type="checkbox"/> ₇
C. Jealousy of the person	<input type="checkbox"/> ₃	H. To get someone back / get revenge	<input type="checkbox"/> ₈
D. To impress friends	<input type="checkbox"/> ₄	I. Other (please specify) _____	<input type="checkbox"/> ₉
E. To be feared	<input type="checkbox"/> ₅		

Cigarettes, alcohol and other substances

S22 (S18). Have you ever smoked a cigarette? ...Yes ₁No ₂ – Go to Question S25

S23 (S19). How often do you smoke cigarettes at present?

Every day.....	<input type="checkbox"/> ₁
At least once a week but not every day.....	<input type="checkbox"/> ₂
Less than once a week	<input type="checkbox"/> ₃
I do not smoke at present.....	<input type="checkbox"/> ₄

S24 (S20). How many cigarettes do you usually smoke in a week?

_____ cigarettes a week

S25 (S21). Have you ever smoked an e-cigarette (also known as 'vaping')?

Yes..... ₁ No ₁

S26 (S22). Compared to cigarettes, do you think that e-cigarettes are:

More harmful ₁ Equally harmful ₂ Less harmful ₃

S27 (S23). 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 – Go to Question S31

S29 (S24). How often do you drink alcohol now? Try to include even those times when you only drink a small amount.

Never	Rarely	Only on special occasions	At least once a month	At least once a week	Every day
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

S31 (S25). Have you ever used cannabis? [also called 'hash', 'grass', 'weed' or 'pot'] Yes ... ₁ No ... ₂

S32 (S26). 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

S33 (S27). Have you ever used any other drugs (such as ecstasy, speed, heroin, methadone, crack or cocaine)?

Yes ... ₁ No ... ₂

The people responsible for the study must remind you that these activities are risky (some are also against the law) and could result in you or somebody else getting hurt. Drinking alcohol, taking drugs, fighting and so on always cause lots of damage and pain for everyone involved.

We would now like to ask you some questions about the parent or guardian whom you live with and usually looks after you. Even if you live with two parents/guardians, please just keep one of them in mind when answering the next set of questions.

S34_1 (S28_1). How well do you get on with this parent or guardian who usually looks after you?

Very well	Fairly well	We do not get on
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3

- | | Strongly Disagree | Disagree | I'm in Between | Agree | Strongly Agree |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 2. My parent doesn't really like me to tell them my troubles | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| 3. My parent hardly ever praises me for doing well | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| 4. I can count on my parent to help me out if I have a problem | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| 5. My parent spends time just talking to me | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| 6. My parent and I do things that are fun together | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |

You may remember that we asked you and your parent/guardian to measure your height and weight so that you could tell us in this survey. Please fill in those measurements here if you have them. If you don't, please give us your best estimate here.

S35a (S29a). What is your height at the moment? You can use either 'feet and inches' or 'centimetres' but let us know which it is.

Tick one [centimetres _1; inches _2; Feet and inches _3 __ [height]_____]

S35b (S29b) Is this an actual measurement taken in the last month or your best guess?

Best guess _1 Measured in last month _2

S35c (S29c) [if measured] Did your parent/guardian or another adult help you take this measurement?

Yes _1 No _2

S36a (S30a) And what is your weight? You can use 'kilos', 'pounds' or 'stone and pounds' but let us know which one.

[Tick one [Kilos _1; Pounds _2; Stone and Pounds _3 _____ [weight]

S36b (S30b) Is this an actual measurement taken in the last month or your best guess?

Best guess _1 Measured in last month _2

S36c (S30c) [if measured] Did your parent/guardian or another adult help you take this measurement?

Yes _1 No _2

Ending

L1 (S31). Thinking ahead to when you will be an adult, which of the following do you most look forward to [Please tick one box]:

- a. Studying, training or doing an apprenticeship _1
- b. Getting a job _2
- c. Living in my own place..... _3
- d. Travelling to different countries _4
- e. Deciding for myself things like what to eat or wear..... _5
- f. Making new friends _6
- g. Having my own money to spend as I wish..... _7

L2 (S32). Were you alone when completing the questionnaire?

Yes..... 1 No 2

L3 (S33). Were any of the following people in the room with you? [TICK ALL THAT APPLY]

Parent 1 Brother / sister 3
Other adult 2 Other child 4

Time Ended

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Date ____ ____ ____
day mth year

*Thank you very much for taking part in the Growing Up in Ireland survey.
If you have any queries about the survey please email growingupat13.@esri.ie or visit www.growingup.ie
for further information.*

If this survey has raised any issue that you are concerned about, perhaps you could talk it over with your [mother/father/guardian].

There is also a list of support services you can contact that we sent you by post.

This list of support services also be found on the website. Go to www.growingup.ie and either click on the red button at the top of the home page or open the 'menu' if you are using a smartphone.