



## Report on Pilot Phase of Wave Four

### Cohort'98 (at 20 years of age)

#### Appendices A and B

**Appendix A: Information Sheets and Consent Forms used in the Pilot phase**

**Appendix B: Questionnaires used in the Pilot phase**

**Appendix A: Information Sheets and Consent Forms Used in the Pilot Phase, Cohort'98 at 20 years**

A1.	Information sheet for 20-year-old -----	05
A2.	Consent form for 20-year-old -----	09
A3.	Blood Pressure Information Sheet-----	13
A4.	Waist Circumference Information Sheet-----	17
A5.	Information sheet for Parent -----	21
A6.	Consent form for Parent-----	25

**Appendix B - Questionnaires used in the Pilot Phase, Cohort'98 at 20 years**

B1.	20-year-old Household Composition module (main residential address different to Parent) --	31
B2.	20-year-old Main questionnaire -----	37
B3.	20-year-old Self-complete questionnaire-----	73
B4.	20-year-old Cognitive test – Fruit naming test -----	91
B5.	20-year-old Cognitive test – Shipley Abstraction sub-scale-----	95
B6.	20-year-old one-day time-use drop off-----	99
B7.	Parent Main questionnaire -----	107
B8.	Parent Self-complete questionnaire -----	125

## **A1. Information sheet for 20-year-old**

## INFORMATION SHEET FOR 20-YEAR-OLDS

### Why are we visiting you now?

**Growing Up in Ireland** is a longitudinal study, where the same individuals are interviewed on several occasions. You were first interviewed in the study at 9 years of age. We last visited when you were 17 years old and, before that, when you were 13. Now that you have moved into your early 20's we would like to see how you are getting on and to build on the great help you have already given us. At this stage the study is looking at the lives of 20-year-olds in Ireland and how they are faring.

Even if you weren't able to fill out the interview when we last visited you, you can re-join the study now. As before, however, participation is entirely voluntary.

### Who is running the study?

**Growing Up in Ireland** is funded by the government, with a contribution from The Atlantic Philanthropies. It is being carried out by a group of independent researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin.

### 20-year-olds who participate will be entered into a closed draw for a chance to win an Apple iPad

**All the 20-year-olds who complete the Main Questionnaire will be entered into a closed draw of participants, with the chance to win a 32 GB Apple iPad (first prize) or one of four 'One-for-all' vouchers, each worth €50. The draw will take place before the end of December 2017.**

### What does taking part in this interview involve?

An interviewer will contact your home in the next week or so to arrange to interview you and one of your parents (usually the parent who completed the main interview at the last visit).

We know that by this stage not all 20-year-olds will be living with their parent(s). The interviewer will call first to your address at our last visit. If you are no longer living there, the interviewer will ask for an address where you can be contacted. Your parent will be interviewed at their own address.

You will be asked some questions by an interviewer in a face-to-face survey and will also be given some more questions, which might be considered more sensitive or private, to fill out on your own. The interviewer would also like to record your height, weight, blood pressure and waist measurements.

Your parent will be asked to complete an interview about their current health, work, household and their relationship with you.

If you decide not to take part in the study, it will not affect any health, educational or social care which you or your family receive from the State.

### How do we deal with issues of confidentiality?

All the information given to a **Growing Up in Ireland** interviewer during the survey is treated in the strictest confidence. It can be used only for research purposes. No-one in government or any government agency or department will be able to associate your information with you or your family.

The study is being carried out under the Statistics Act (1993). This is the same legislation as is used to carry out the Census of Population, and it ensures complete confidentiality of all the information collected.

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

We will use an ID number on your questionnaire. This will help to ensure that your information is kept anonymous. A file with the anonymised information from the participants in the study will then be stored on a computer so that it can be made available to researchers (through the Irish Social Science Data Archive). More information on how the data are used can be found on [www.growingup.ie](http://www.growingup.ie).

### What kind of questions will you be asked?

This interview will be similar to the last one. We will be asking questions on what you are doing or plan to do in terms of work or education, how you like to spend your free time, your health, what you think about various current affairs, and how you get on with parents and any 'significant other' in your life.

The questions are straightforward, though some are quite detailed. Some will address sensitive issues, like your mental well-being, your income, sexual experiences, pregnancy and family life.

The interviewer will be able to help if you have any concerns or questions about the survey questionnaire itself. If you don't want to answer any question or sets of questions, you can just skip them and continue with the rest of the interview.

### Following up in a few years' time

It has not yet been decided if there will be another round of follow-up interviews. However, it is possible that we may wish to visit you again in a few years' time for a further interview.

### Who are the interviewers?

The interviewer who will call to your home is from the ESRI. Each interviewer carries a photo ID card. Each interviewer has been specially trained for the study and has been vetted by An Garda Síochána. The interviewer is not allowed to be alone with any child at any time during their visit to your home. **You can check the identity of your interviewer or let us know if you were unhappy with the way the interview was conducted by calling Freephone 1800 200 434.**

### Your participation counts

Studies like these help us to understand how young people like you are growing up in Ireland today. This research is influencing policies that can improve the future for all young adults and families in Ireland. We hope that you can support us in our work and we would like to thank you, in advance, for your help.

### Where can you find out more information?

- **Phone:** Freephone 1800 200 434 or 01-863 2000
- **Online:** Email us at [growingup@esri.ie](mailto:growingup@esri.ie) or visit [www.growingup.ie](http://www.growingup.ie)
- **Write:** *Growing Up in Ireland*, ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

## **A2. Consent form for 20-year-old**

## Young Adult Consent Form

Name of Young Adult: \_\_\_\_\_ Young Adult's Date of Birth: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

### *Taking part*

I have read and understand the Information Sheet provided.

I consent to taking part in the **Growing Up in Ireland** study as outlined in this form and the Information Sheet.

I also understand that:

- I can ask any questions I may have about this study.
- I may choose not to answer any question or sets of questions which I am not comfortable with.
- the questionnaire completed by me contains information on sensitive topics including the following: smoking; drinking alcohol; drug-taking; sexuality, sexual behaviour and sexual activity; self-esteem; mental health; self-harm and anti-social behaviour (some of which may be illegal).
- my parent (who was interviewed as my 'main' parent at the last visit) will be asked to complete their own interview.
- I may be asked to take part in a follow-up study in a few years' time.

### *Using the survey information*

I understand that:

- you will not give any of the information you record in this survey to any person, government body or agency in a way which could identify me.
- you will not use any information collected in this study for anything other than statistical analysis.
- while I will provide names, address and other identifying information during my interview, these contact details will be stored separately from the answers to the study questions.
- when the information is on the computer, you will then make it available to researchers and it can be used only for research purposes. It would be an offence for anyone to use the information for anything else.

### *Access and feedback*

I understand that:

- although I will have access to the information given by me on the questionnaire that I complete, I will **not** have access to the information given on the questionnaires completed by **anyone else**, including my parent.
- if the interviewer observes something or is told something outside the answers to direct survey questions, which causes them or the people running the study to have serious concerns for the welfare of a child, young person or any other vulnerable person, they may have to tell someone who can help.

Address of Young Adult: \_\_\_\_\_

Signature of Young Adult: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_ / \_ / \_

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AREA     H'hold    11 of 132 YP No.  Int No.

## **A3. Blood Pressure Information Sheet**



## Blood Pressure Information Sheet

### What is blood pressure?

Your heart pumps blood around your body by contracting and relaxing at a regular rhythm. Blood pressure is the highest pressure at which your blood is pushed out through the arteries and around your body when your heart contracts, and also the lowest pressure in your veins when blood returns to your heart as it relaxes. Therefore, a blood pressure measurement results in two numbers: the 'systolic' or upper number (heart contracting) and the 'diastolic' or lower number (heart relaxing) – average blood pressure is typically presented as '120/80'.

### What is heart rate?

Your heart rate is the number of times your heart beats or pumps in a minute. Your heart rate goes up and down depending on what you are doing or how you are feeling. For example, it goes up when you exercise as the need for oxygen and blood is greater when your muscles are working hard. Normal heart rate when resting is 60-80 beats per minute.

### How will my blood pressure be measured?

The interviewer will wrap a piece of material (called a 'cuff') around your upper arm. If you are wearing anything bulky like a sweater, you will have to take your arm out of the sleeve first so that the cuff fits properly. The cuff is attached to a small machine that will automatically tighten and release the cuff to take the measurement. It will only take a few seconds. The process does not involve any needles or other medical instruments. The interviewer will also record your heart rate when they measure your blood pressure.

The interviewer would like to take this measurement twice. If you would prefer not to have your blood pressure measured, you can skip it and continue with the rest of the interview as normal.

### Why are researchers interested in knowing the blood pressure of young people?

Blood pressure is a useful indicator of heart health and high blood pressure is associated with an increased risk for a number of serious health problems such as heart attack, stroke and kidney damage later in life. High blood pressure generally has no symptoms so the only way to know if someone has high blood pressure is to measure it. Risk factors that increase the chance of having high blood pressure include being older, being male, being overweight, smoking and poor diet.

Often young people do not have their blood pressure measured on a regular basis as they are generally regarded as being at low risk of high blood pressure. However, researchers are interested in knowing whether, for example, certain lifestyles are associated with high blood pressure or 'pre-high' blood pressure even in younger people; and also whether people who develop high blood pressure in later adulthood show earlier signs that might be detected at a younger age.

### What if I am worried about my blood pressure?

The chart over the page gives some information on what is a healthy blood pressure, and what is less healthy.

**The interviewer will not be able to discuss your individual circumstances with you as they are not medically trained. If you have any concerns you should consult your GP. You should not assume that your blood pressure is healthy just because you receive no feedback from the interviewer – no one in the study will get feedback regardless of their blood pressure measurement.**

## Blood Pressure Readings

This sheet provides some background information on blood pressure readings. It is intended for information only and is not a diagnosis or advice. The interviewer who has measured your blood pressure today is not a medical professional and has not taken the measurement in a clinical setting.

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**If you have any concerns or queries about your blood pressure, please contact your family doctor.**

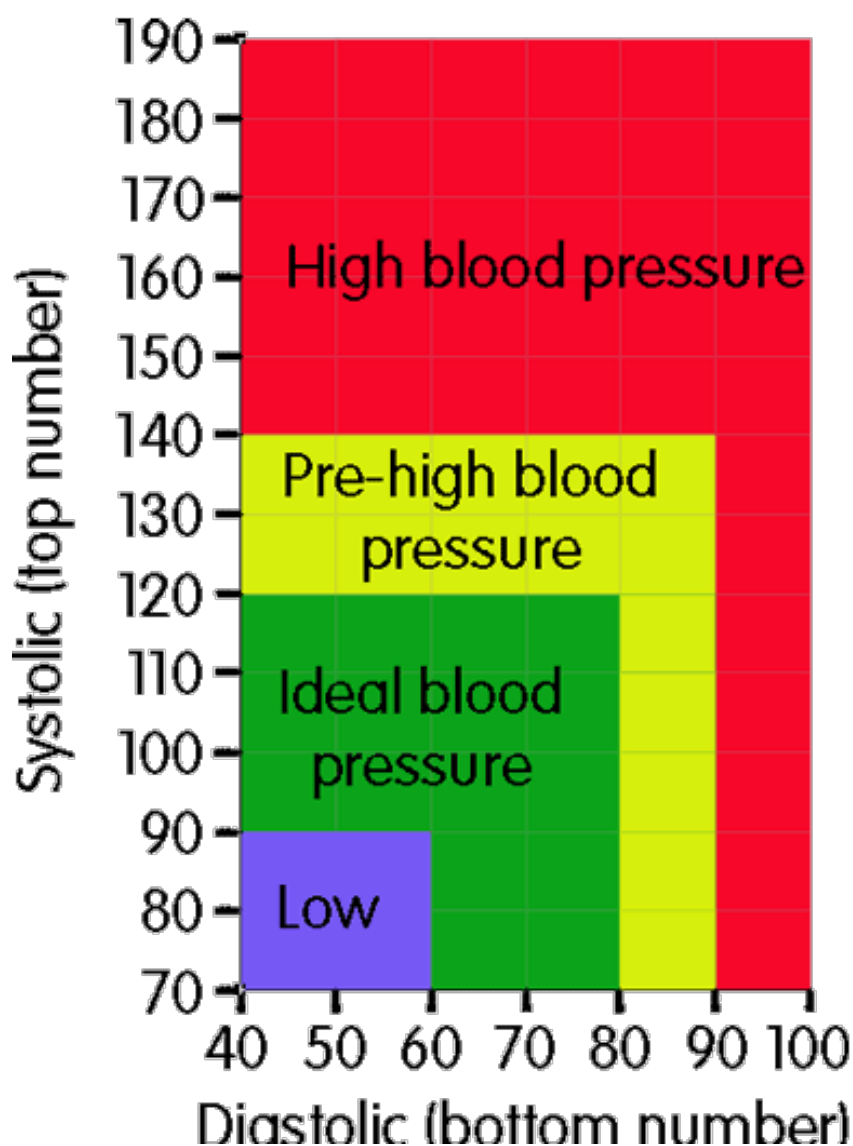
---

The chart below is also available online from:

<http://www.bloodpressureuk.org/BloodPressureandyou/Thebasics/Bloodpressurechart>.

Two numbers are used to measure blood pressure. The top number (systolic) is the pressure as the heart pushes blood out and the bottom number is the pressure as the heart relaxes and fills back up with blood.

### Blood pressure chart for adults



**Using this blood pressure chart:** To work out what your blood pressure readings mean, just find your top number (systolic) on the left side of the blood pressure chart and read across, and your bottom number (diastolic) on the bottom of the blood pressure chart. Where the two meet is your blood pressure.

Chart reproduced with permission from *Blood Pressure UK*

## **A4. Waist Circumference Information Sheet**

# Measuring Waist Circumference

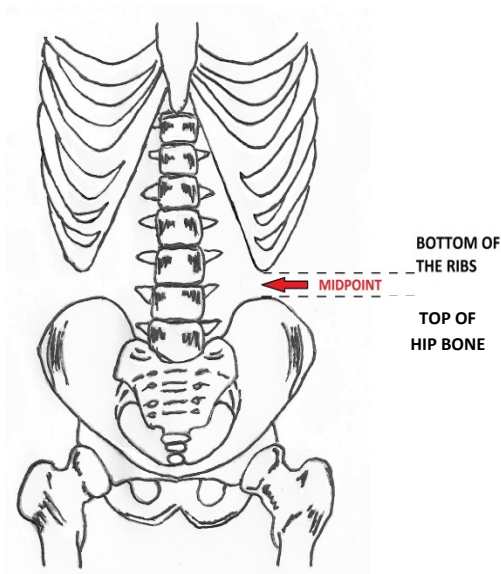
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## PROCEDURE

1. Wrap the tape around your waist over one layer of light clothing – extra layers should be removed or rolled up above the waist – and insert the end in the holder.

**DO NOT take the measurement against bare skin.**

2. Press the button on the tape measure to tighten the tape; it should be snug but not so tight that it restricts breathing
3. Locate the two landmarks on your body:
  - i. The bottom of the ribs
  - ii. The top of the hip bone
  - ❖ If you cannot locate the bottom of the ribs, take a deep breath in, start higher on the rib cage and follow around to the bottom of your rib cage



4. Position the tape midway between these two points – i.e. between the top of the hip bone and bottom of the ribs
5. Check that the tape is horizontal across the front & back, and that it not twisted
6. Double check the tape is snug but not too tight and that you are breathing normally
7. As you are breathing out, the interviewer will record the measurement on the tape

## REMEMBER

- No individual feedback is provided on this measurement

## **A5. Information sheet for Parent**

## INFORMATION SHEET FOR PARENT/GUARDIAN OF 20-YEAR-OLD

### Why are we visiting you now?

**Growing Up in Ireland** is a longitudinal study, where the same individuals are interviewed on several occasions. Your 20-year-old has been involved in the study since they were 9 years of age. We last visited your family when they were 17 years old and, before that, when they were 13. Now that the young adults are 20 years old we would like to see how they are getting on since they have become an adult and are entering a new stage of their lives.

Even if your family was unable to participate in the 17-year visit, you can still re-join the study now. As before, however, participation is entirely voluntary.

### Who is running the study?

**Growing Up in Ireland** is funded by the government, with a contribution from The Atlantic Philanthropies. It is being carried out by a group of independent researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin.

### What does taking part in this interview involve?

An interviewer will contact your home in the next week or so to arrange to interview your 20-year-old and one of their parents (that will usually be the parent who completed the main interview at the last visit).

We know that by this stage not all 20-year-olds will be living with their parent(s). The interviewer will call first to their address at the last visit. If they are no longer living there, the interviewer will ask for an address where the 20-year-old can be contacted and we will try to interview him/her at that new address. The young person's parent will be interviewed at their own address.

You will be asked some questions by an interviewer in a face-to-face interview and will also be given some more questions, which might be considered more sensitive or private, to fill out on your own. The interviewer would also like to record your height and weight.

If you decide not to take part in the study, it will not affect any health, educational or social care which you or your family receives from the State.

### How do we deal with issues of confidentiality?

As with the previous interviews, all the information given to a **Growing Up in Ireland** interviewer during the survey is treated in the strictest confidence. It can be used only for research purposes. No-one in government or any government agency or department will be able to associate you or your family with the information you provide.

The study is being carried out under the Statistics Act (1993). This is the same legislation as is used to carry out the Census of Population. It ensures complete confidentiality of all the information collected.

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

We will use an ID number on your questionnaire. This will help to ensure that your information is kept anonymous. A file with the anonymised information from the participants in the study will then be stored on a computer so that it can be made available to researchers (through the Irish Social Science Data Archive). More information on how the data are used is available on [www.growingup.ie](http://www.growingup.ie).

### **What kind of questions will be asked?**

This interview will be similar to the last one. We will be asking questions about your health, your family and your relationship with the 20-year-old at the centre of the study.

The questions are straightforward, though some are quite detailed and some will cover relatively sensitive issues.

The interviewer will be able to help if you have any concerns or questions about the survey questionnaire itself. If you don't want to answer any questions, you can just skip them and continue with the rest of the interview.

### **Following up in a few years' time**

It has not yet been decided if there will be another round of follow-up interviews. However, it is possible that we may wish to visit your home again in a few years' time for a further interview.

### **Who are the interviewers?**

The interviewer who will call to your home is from the ESRI. Each interviewer carries a photo ID card.

Each interviewer has been specially trained for the study and has been vetted by An Garda Síochána. The interviewer is not allowed to be alone with any child at any time during their visit to your home.

You can check the identity of your interviewer (or let us know if you were unhappy with the way the interview was conducted) by calling Freephone 1800 200 434.

### **Your participation counts**

Studies like these help us to understand the lives of young people and how best to influence policies that can improve the future for all young adults and families in Ireland. We hope that you can support us in our work and we would like to thank you, in advance, for your help.

### **Where can you find out more information?**

- **Phone:** Freephone 1800 200 434 or 01-863 2000
- **Online:** Email us at [growingup@esri.ie](mailto:growingup@esri.ie) or visit [www.growingup.ie](http://www.growingup.ie)
- **Write:** *Growing Up in Ireland*, ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

## **A6. Consent form for Parent**



## PARENT CONSENT FORM

Name of Parent: \_\_\_\_\_

Parent's Date of Birth: \_\_\_\_\_

Name of 20-year-old: \_\_\_\_\_ 20-year-old's Date of Birth: \_\_\_\_\_

(BLOCK CAPITALS PLEASE)

### *Taking part*

I have read and understand the Information Sheet provided.

I consent to taking part in the **Growing Up in Ireland** study as outlined in this form and the Information Sheet.

I also understand that:

- I can ask any questions I may have about this study.
- I may choose not to answer any question or sets of questions which I am not comfortable with.
- my 20-year-old will be asked to complete their own interview.
- I and my 20-year-old may be asked to take part in a follow-up study in a few years' time.

### *Using the survey information*

I understand that:

- you will not give any of the information you record in this survey to any person, government body or agency in a way which could identify my child or my family.
- you will not use any information collected in this study for anything other than statistical analysis.
- while my family will provide our names, address and other identifying information during our interviews, these details will be stored separately from the answers to the study questions.
- when the information is on the computer, you will then make it available to researchers and it can be used only for research purposes; it would be an offence for anyone to use the information for anything else.

### *Access and feedback*

I understand that:

- although I will have access to the information given by me on the questionnaire that I complete, I will **not** have access to the information given on the questionnaires completed by **anyone else** including my 20-year-old.
- as with all other parts of the **Growing Up in Ireland** study, neither I nor anyone else, will be told anything about the answers given by my 20-year-old as part of the survey.
- if the interviewer observes something or is told something outside the answers to direct survey questions, which causes them or the people running the study to have serious concerns for the welfare of a child, young person or any other vulnerable person, they may have to tell someone who can help.

Address of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_ / \_ / \_

Office use only

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 27 of 132 YP No. 

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## **Appendix B. Questionnaires used in the Pilot Phase, Cohort'98 at 20 years**

**B1. 20-year-old Household Composition module  
(main residential address different to Parent)**

**GROWING UP IN IRELAND**  
**STRICTLY CONFIDENTIAL**  
**YOUNG ADULT LIVING AT NEW MAIN ADDRESS**

**HOUSEHOLD COMPOSITION – 20-year-old Cohort**

AREA     HOUSEHOLD    YP Number

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

Date \_\_\_\_\_  
Day month year

Welcome to the ***Growing Up in Ireland*** study. This is a longitudinal study, which means that the same individuals have been followed since the age of 9. Thank you for helping us by participating in this important study. Today's interview updates information you and your family provided before and will tell us what life is like for a 20-year-old in Ireland today. Your answers will help to plan things for young people like yourself.

When we interviewed your parents they said that you had moved to this new address and we would like to interview you here, if we can. The interview will take about 1-1½ hours to complete [INTERVIEWER: Adjust as appropriate for you in the field].

As with the previous interviews, all the information given to a ***Growing Up in Ireland*** interviewer in the course of the survey is treated in the strictest confidence. However, if the interviewer observes something or is told something other than in answer to direct survey questions which causes them or the people running the Study to have serious concerns about you or the welfare of a child or other vulnerable person, they may have to tell someone who can help.

***Growing Up in Ireland*** is the national longitudinal study of children in Ireland. It is funded by the Department of Children and Youth Affairs, with a contribution from The Atlantic Philanthropies in Phase 2. The study is managed and overseen by the Department of Children and Youth Affairs in association with the Central Statistics Office. It is carried out by a consortium of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin.

## Section A – Household Composition

### YOUNG ADULT LIVING AT NEW MAIN ADDRESS

First I would like to ask you a few details about yourself and the others in your household.

**A1. How would you describe your living arrangements at this address?**

- a. I live alone in a house/flat..... <sub>1</sub>
- b. I live here with my partner only..... <sub>2</sub>
- c. I live in a house/flat with other relative(s) only ..... <sub>3</sub>
- d. I live in a house/flat-sharing arrangement with other adult(s) – at least some not related to me .... <sub>4</sub>
- e. I live in 'digs' ..... <sub>5</sub>
- f. I live in campus accommodation/barracks ..... <sub>5</sub>
- g. other (please specify) \_\_\_\_\_ <sub>6</sub>

**A2. On average, how many nights per month if any do you sleep in your parents' home?**

\_\_\_\_\_ (no.of nights per month)

**A3. Since when have you been living in this accommodation?**

\_\_\_\_\_ Month \_\_\_\_\_ Year

**A4. When did you stop living with your parent(s) – if different from above**

\_\_\_\_\_ Month \_\_\_\_\_ Year OR <sub>1</sub> same as C1c

**A5. Please tell me about the people you share this accommodation with (including family members, flatmates etc). Starting with yourself, could you tell me their**

- a) their first name or initial
- b) their sex
- c) their age (your best guess is fine)
- d) their relationship to you
- e) their current situation regarding education or work
- f) whether you and this person share your income (excluding shared bills with flatmates)

		(A)	(B)	(C)	(D)		(E) Show Card C1E_E							(F)			
No.	First name/Initial	Sex		Age	Relationship of each member to young adult												
Person No.	INT: Put Young Adult on line 1	M	F	Years (if less than 1 year put 0)	Person No.	R'SHIP TO:	Pre-school	School/ Education	At Work / Training	Unemployed	Retired	Home Duties	Other	Do you share any income with this person (excluding dividing bills or rent with			
						CARD C1E_D Young Adult											
1		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		1	////	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	////			
2		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		2		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		
3		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		3		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		
4		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		4		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		
5		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		5		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		
6		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		6		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		
7		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		7		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		
8		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		8		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		
9		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		9		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		

*[Interviewer: Young Adult should be on line 1]*

**A6. [INT: Number of people that YP ticked 'Yes' at F on grid at C1e] So that means that you share income with \_\_\_\_\_ people in the household.**

**A7. [INT: Show card A7] From this card, please tell me which best describes your occupancy of the accommodation?**

- Rented from a Private Landlord who lives elsewhere .....  1
- Rented from a Private Landlord who lives in this household .....  2
- Rented from a family member .....  3
- Occupied free of rent from a family member .....  4
- 'Digs' .....  5
- Campus/student accommodation .....  6
- Owned outright (without a mortgage) .....  7
- Owned with a mortgage .....  8
- Rented from a Local Authority .....  9
- Rented from a Voluntary Body .....  10
- Barracks .....  11
- Living with and paying rent to your partner's parent(s) .....  12
- Occupied free of rent with your partner's parent(s) .....  13
- Occupied free of rent from your (or your partner's) job .....  14
- Other (please specify) \_\_\_\_\_ .....  15

**A8. Do you feel that your current accommodation (excluding location) is suitable for your needs?**

Yes .....  1      No .....  2

**A9. [INT show card C4] Why is that?**

[Int: tick all that apply]

- a. Not enough bedrooms .....  1
- b. Not enough living space .....  2
- c. Not enough bathrooms .....  3
- d. Poor conditions in the home (damp, drafts, leaks etc) .....  4
- e. Problems with rats, mice, cockroaches etc .....  5
- f. Too noisy .....  6
- g. Problems with neighbours .....  7
- h. Not enough privacy .....  7
- i. Other (specify) \_\_\_\_\_ .....  8

## **B2. 20-year-old Main questionnaire**

# Growing Up in Ireland

Strictly Confidential

Young Adult Main Questionnaire – 20-year-olds

Area  Household  Young Person number

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

Date \_\_\_\_\_  
                  day          month          year

Welcome to the **Growing Up in Ireland** study. This is a longitudinal study, which means that the same individuals have been followed since the age of 9. Thank you for helping us by participating in this important study. Today's interview updates information you and your family provided before and will tell us what life is like for a 20-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 education, your family and friends, how you feel and what you like to do. If you feel that there are any questions which you do not wish to answer, then that's OK.

This is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you really think.

We will not tell anyone the answers to your questions. But if you tell us something other than in answer to direct survey questions that makes us worried about you, then we might have to tell someone who can help.

X1. Respondents' gender: Male.....<sub>1</sub> Female .....<sub>2</sub>

X2. Respondents' date of birth?

**COMPLETE HOUSEHOLD COMPOSITION ON PAPER- IF YOUNG ADULT LIVING IN OWN HOUSEHOLD**



## A. ACTIVITIES, IDENTITY AND BECOMING AN ADULT

**A1. [CARD A1] Which of these activities do you regularly do for fun or to relax?**

	Yes	No
a. Reading for pleasure.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Listening to music .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Watching TV.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Singing or playing an instrument.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Going to the cinema .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Craftwork/hobbies .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Surfing the internet.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Gardening or farming (for pleasure, not chores) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Spending time with pets .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Playing sport (with others) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Playing individual sport (e.g. horse riding, cycling, etc) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
l. Going to the gym, running, etc .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
m. Beauty, hair or spa treatments.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
n. Attending sports events.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
o. Hanging out with friends .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
p. Going to parties or other social events (in people's homes) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
q. Going to clubs, pubs, etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
r. Other (please specify) _____.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**A2a. Are you currently involved with any organisations such as sports clubs, political groups, societies, church groups, charities or any voluntary work?**

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

**A2b. Please describe the nature of this involvement – with which organisation, what you do with them, etc.**

\_\_\_\_\_

**A3. [CARD A3] There is a statement about how people feel toward their life circumstances. Please use the scale provided to indicate how you feel in terms of each statement.**

Entirely true      True for the most part      Somewhat true      A little true      Not at all true

You consider yourself to be an adult..... 1 ..... 2 ..... 3 ..... 4 ..... 5

**A4. In terms of taking on adult responsibilities what would you say you grew up faster slower or at about the same rate as other people your age.....**

Faster      At about the same rate      Slower

..... 1 ..... 2 ..... 3

**A5. [CARD A5] Feelings I have: Please read each of the following items carefully, thinking about how it relates to your life, and then indicate how true it is for you. Use the following scale to respond:**

	1	2	3	4	5	6	7
	<i>Not true at all</i>			<i>Some-what true</i>			<i>Very true</i>
<b>a.</b> _____	<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
<b>b.</b> _____	<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
<b>c.</b> _____	<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
<b>d.</b> _____	<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
<b>e.</b> _____	<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
<b>f.</b> _____	<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

g. [REDACTED]	<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
h. [REDACTED]	<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
i. [REDACTED]	<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
j. [REDACTED]	<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
k. [REDACTED]	<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
l. [REDACTED]	<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
m. [REDACTED]	<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
n. [REDACTED]	<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
o. [REDACTED]	<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
p. [REDACTED]	<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
q. [REDACTED]	<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
r. [REDACTED]	<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
s. [REDACTED]	<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
t. [REDACTED]	<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
u. [REDACTED]	<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

**A6. [CARD A6] We are interested in everyday risk-taking. Please could you tell us if any of the following apply to you now?**

	Never	Rarely	Quite often	Often	Very often
a. Recreational risks (e.g. rock climbing, scuba diving)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Health risks (e.g. smoking, poor diet, high alcohol consumption)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Career risks (e.g. quitting a job without another to go to)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Financial risks (e.g. gambling, risky investments)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Safety risks (e.g. fast driving, city cycling without a helmet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Social risks (e.g. standing for election, publicly challenging a rule or decision)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

*Risk Taking Inventory(adapted for only current not past risk-taking)*

**A7. [CARD A7] How do you see yourself: are you generally a person that is fully prepared to take risks or do you try to avoid taking risks? Please tick on the scale below, where the value 0 means “unwilling to take risks” and the value 10 means “fully prepared to take risks”.**

Unwilling to take risks  $\xrightarrow{\hspace{15em}}$  Fully prepared to take risks  
 0 ...  1 . ...  2 . ...  3 . ...  4 .....  5 .....  6 .....  7 .....  8 .....  9 .....  10

**A8a. Do you have a social media profile or account on any sites or apps?** Yes..... 1 No..... 2

**A8b. Did you ever have one?** Yes..... 1 No..... 2

**A8c. Why do you no longer have one?** \_\_\_\_\_

**A8d. [If has a social media profile at 8a] Thinking about your main social media site or app, do you know if this profile can be seen by other people? [TICK ONE ONLY]**

- It can only be seen by my friends and no-one else ..... 1
- It can only be seen by my friends and their friends ..... 2
- It can be seen by anyone ..... 3
- Nobody can see it ..... 4
- Don't know ..... 5

**A9. [CARD A9] How important to you are each of the categories for life in general? Please rate them on a scale of 1 to 6 where 1 = 'not important at all and 6 = 'very important'.**

	not important at all						very important
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
a. [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**A10a. Do you belong to any religion?**

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

**A10b. [CARD A10b] Which religion?**

- |  |   |
|--|---|
| Christian – no denomination ..... <input type="checkbox"/> 1             | Jewish ..... <input type="checkbox"/> 5                 |
| Roman Catholic ..... <input type="checkbox"/> 2                          | Muslim ..... <input type="checkbox"/> 6                 |
| Anglican/Church of Ireland/Episcopalian ..... <input type="checkbox"/> 3 | Other (please specify) ..... <input type="checkbox"/> 7 |
| Other Protestant ..... <input type="checkbox"/> 4                        |   |

**A10c. [CARD A10c] How often do you attend religious services?**

- More than once per week ..... 1
- Weekly ..... 2
- Monthly ..... 3
- Usually only on special occasions such as weddings, religious festivals .... 4
- I rarely or never attend ..... 5
- Attending services is not applicable to my religion ..... 6
- Other (please specify) ..... 7

**A11. In general, would you describe yourself as a spiritual person (even if you do not belong to a religion)?**

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

**A12. Are you a citizen of Ireland?**

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

**A12b. What citizenship do you hold?** \_\_\_\_\_

**A13. Do you have a full or provisional driving licence for any of the following vehicle types?**

	Full	Provisional	None
a. Car/van.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Scooter/moped/motorcycle .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Tractor .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**A14. (if has car/van licence at above) Do you have access to a car, van or scooter/motorcycle for your personal use?**

Yes, I have my own vehicle 1  
 Yes, I can use a family vehicle whenever I need to 2  
 I can use a family vehicle sometimes 3  
 No 4

**A15. [CARD A15] How do you normally travel to work or college (tick all that apply)?**

Not at work or college ..... 1  
 On foot ..... 2  
 Bicycle ..... 3  
 Bus, minibus or coach ..... 4  
 Train, DART or LUAS ..... 5  
 Motor cycle or scooter ..... 6  
 Driving a car ..... 7  
 Passenger in a car ..... 8  
 Van ..... 9  
 Other, including lorry ..... 10  
 Work/study mainly at or from home ..... 11

**A16. [CARD A16] Where would you go for information or help with the following things? (Tick all that apply)**

	Online	Parents / Family	Friends	Government Agency	Charity/Voluntary Organisation	Shop/bank/Chemist/Other retailer	Your place of study or your employer	Other (please specify)	I wouldn't need help or information on this
a. Finding accommodation	<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
b. Nutrition/cooking	<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
c. Being short of cash	<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
d. Applying for a loan	<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
e. A household problem such as a blocked sink	<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
f. A legal problem such as a minor traffic accident	<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
g. Feeling unwell (other than visiting a doctor)	<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
h. Feeling upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
i. Finding a job	<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
j. Problems with your course-work	<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
k. Problems with your job	<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
l. Finding out about your entitlements to social welfare, education grants etc	<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

**A17. [CARD A17] How satisfied are you today with the following areas of your life? Please answer on a scale of 0 to 10, where 0 = 'completely dissatisfied' and 10 = 'completely satisfied'.**

	Completely dissatisfied	→										completely satisfied			
	0														10
a. Your personal income .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your dwelling .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your leisure time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your social life .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your work in the home (if homemaker) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your education .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your work outside the home .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your health .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your sleep .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A18. [CARD A18] Listed on this card are a number of personality traits that may or may not apply to you. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.**

I see myself as:

	Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
a. Extroverted, enthusiastic .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Critical, quarrelsome .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dependable, self-disciplined .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Anxious, easily upset .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Open to new experiences, complex .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Reserved, quiet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sympathetic, warm .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Disorganized, careless .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Calm, emotionally stable .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Conventional, uncreative .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## B. POLITICS

**B1a. [CARD B1a] Generally speaking, would you say that most people can be trusted? Please give your answer on a scale of 0 to 10, where 0 means that "you can't be too careful in dealing with people" and 10 means that "most people can be trusted"?**

0	1	2	3	4	5	6	7	8	9	10.
You can't be too careful										Most people can be trusted
<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"/>

**B1b. [CARD B1b] Generally speaking, how interested would you say you are in politics? Please give your answer on a scale of 0 to 10, where 0 means that "Not at all interested" and 10 means you are "Very interested"?**

0	1	2	3	4	5	6	7	8	9	10.
Not at all interested										Very interested
<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"/>

**B2. [CARD B2] Please look at this card and tell me, for each item listed, how much confidence do you have in them, is it a great deal, quite a lot, not very much or none at all?**

	A great deal	Quite a lot	Not very much	None at all
a. The church.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. The education system.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. The Gardaí/police .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. The social welfare system .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. The health care system .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Politicians.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. The courts system .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. The media/press .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**B3. [CARD B3] Please indicate which activities, if any, you were involved in the last twelve months.**

- a. Contacted or visited a public official (at any level of government) to ask for assistance or to express my opinion.....
- b. Contacted a newspaper, magazine, radio or television Program or website to express my opinion on an issue or candidate.....
- c. Attended a meeting of town or city council, school board or association.....
- d. Volunteered through a social or non-profit organization .....
- e. Helped to organize efforts aimed at solving environmental issues .....
- f. Wore a badge, put a sticker on my car or put up a poster in my window
- g. Changed my facebook profile in support of an issue or a candidate .....
- h. Contributed money to a candidate, political party, or any organization that supported candidates .....
- i. Signed a petition (paper, email or online) about a political or social issue .....
- j. Not bought something because of the conditions under which the product is made.....
- k. Bought a certain product or service because I like the social or political values of the company that produced it.....

**B4a. [CARD B4a] Generally speaking, how would you describe your political attitudes? Please rate them on a scale of 0 to 10 where 0 is 'far left', 5 is 'middle of the road' and 10 is 'far right'.**

0 Far left	1	2	3	4	5	6	7	8	9	10. Far right
<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	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

**B4b. Were you eligible to vote in the general election in 2016?** Yes.....1 No.....2

**B4c. If yes: Were you registered to vote in the general election in 2016?** Yes.....1 No.....2

**B4d. If yes: Did vote in the general election in 2016?** Yes.....1 No.....2


**B4e. If you were to vote in a general election tomorrow, to which party would you give your first preference vote (assuming that all parties had a candidate in your constituency)? (Tick one)**

- Fine Gael ..... 1
- Fianna Fáil ..... 2
- Sinn Féin ..... 3
- Labour Party ..... 4
- Anti-Austerity Alliance (Solidarity)/People Before Profit ..... 5
- Green Party ..... 6
- Social Democrats ..... 7
- Renua Ireland..... 8
- Workers' Party ..... 9
- Other, independent ..... 10
- Other (please specify) ..... 11
- I wouldn't vote ..... 11


**B5. [CARD B5] Please tell me to what extent you disagree or agree with each statement**

	<i>Strongly disagree</i>	<i>disagree</i>	<i>Slightly disagree</i>	<i>Neither agree nor disagree</i>	<i>Slightly agree</i>	<i>Agree</i>	<i>Strongly agree</i>
a. The ordinary person has no influence on politics	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
b. I think I am better informed about politics and government than most people	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
c. It doesn't really matter which political party is in power, in the end things go on much the same	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

**B6. [CARD B6] Please rate how concerned you are about the following issues. Please give a score of 0 to 10 for each, where '0' means you are 'Not at all concerned' about the issue and 10 means you are 'Very Concerned'.**

	<i>Not at all concerned</i>											<i>Very Concerned</i> 
a. Terrorism	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	
b. The rise of the 'far right'	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	
c. Climate change	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	
d. Immigration to Ireland	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	
e. Another financial recession	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	
f. Brexit	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	
g. Racism	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	
h. Gender inequality	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	
i. Animal rights	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	
j. Abortion (in Ireland)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	
k. Poverty (in Ireland)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	
l. Poverty ( in developing countries)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	
m. Law and order (in Ireland)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	
n. Access to decent employment opportunities (in Ireland)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	
o. Trends in world politics	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	
p. Something else (specify)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>	

**B7. [CARD B7] How important do you think each of the following is in getting on in life for a 20-year-old in general. Please give a score of 0 to 10 for each, where '0' means 'Not at all important' and 10 means 'Very Important'**

		<i>Not at all important</i>										<i>Very Important</i> 
a.	Your own effort	<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	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
b.	How hard you work	<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	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
c.	Your educational qualifications	<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	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
d.	Training you did after school or college	<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	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
e.	Money	<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	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
f.	Who you know	<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	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
g.	Your appearance/ looks	<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	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
h.	Support from your family	<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	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
i.	Something else (specify)	<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	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

**B8. Over the last 5 years have you attended a talk/presentation given by the Gardai in school, college or in your local community in relation to the avoidance of criminal or antisocial behaviour?**

Yes.....1      No ..... 1



## C. LOCALITY

**C1.** How long have you lived in your local area? \_\_\_\_\_ years \_\_\_\_\_ months

**C2. [CARD C2]** How common would you say 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Homes and gardens in bad condition .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Vandalism and deliberate damage to property .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. People being drunk or taking drugs in public .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**C3. [CARD C3]** To what extent do you agree or disagree with these statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. This is a safe area .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. There are places in this area to meet up with other people .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. There are leisure and sports facilities suitable for young adults in this area .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. I have lots of family/friends living in this area .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**C4a. [CARD C4a]** How likely do you think it is that you will still be living in Ireland in five years' time?

Very likely/almost certain to be living in Ireland	Probably living in Ireland	Possibly living in Ireland but also possibly living abroad	Very likely/almost certain to be living abroad
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**C4b. [CARD C2b]** If it is possible or very likely you will not be resident in Ireland in five years' time, why do you think so? [TICK ONE ONLY]

Family are emigrating .....	<input type="checkbox"/> <sub>1</sub>
To pursue an education course abroad .....	<input type="checkbox"/> <sub>2</sub>
To get a job/economic reasons .....	<input type="checkbox"/> <sub>3</sub>
I want to travel/see the world .....	<input type="checkbox"/> <sub>4</sub>
I want to improve my foreign language skills .....	<input type="checkbox"/> <sub>5</sub>
Other (please specify) _____	<input type="checkbox"/> <sub>6</sub>

## D. HEALTH

**D1. [CARD D1] In general, how would you say your current health is?**

- Excellent ..... <sub>1</sub>  
 Very Good ..... <sub>2</sub>  
 Good ..... <sub>3</sub>  
 Fair ..... <sub>4</sub>  
 Poor ..... <sub>5</sub>

**D2. [CARD D2] Do you have any of the following long-lasting conditions or difficulties?**

**D3. [If yes, at D2] Since when have you had this condition?**

**D4. [If yes, at D2] Are you hampered in your daily activities by this condition or difficulty?**

**D5. [If yes, at D2] Has this condition been diagnosed by a professional?**

**D6. [If yes at D] Have you been prescribed medication for this problem? Please describe as fully as possible**

	D2. Has?		D3. Since when?						D4. Hampered?			D5. Diagnosed?		D6. Medicine
	Yes	No	—	/	—	—	—	—	Yes, severely	Yes to some extent	No	Yes	No	
	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	y	y	Y	y	m	m						
a. Blindness or a serious vision impairment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			/				<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
b. Deafness or a serious hearing impairment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			/				<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			/				<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
d. An intellectual disability	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			/				<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
e. A difficulty with learning, remembering or concentrating	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			/				<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
f. A psychological or emotional condition	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			/				<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
g. A difficulty with pain or breathing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			/				<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	

D7. Do you have any other on-going chronic physical or mental health problem, illness or disability? (please specify)	D7. Has?		D9. Since when?						D10. Hampered?			D11a. Diagnosed?		D11b. Medicine
	Yes	No	—	/	—	—	—	—	Yes, severely	Yes to some extent	No	Yes	No	
	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	y	y	Y	y	m	m						
	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			/				<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	

**D8. What is the nature of this problem, illness or disability? Please describe as fully as possible.**

[Int: Please record diagnosis, not symptoms of the problem. **If multiple, record most severe problem first**]

**If multiple health problems, answer the above in respect of first problem listed at D7**

**D12. [CARD D12] Please indicate if you receive support from any of the following? If in college/university, specify if provided there?**

	(1)		(2) If yes, is this provided by your college/university?	
	Yes	No	Yes	No
a. Psychologist .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. Other counsellor (not guidance counsellor) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. Social worker .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. Psychiatrist .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. Physiotherapist .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f. Transport Service .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g. Resource Teaching/ Learning Support .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
h. Exam accommodations .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
i. Technical Assistance .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
j. Extra tuition/private tuition .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
k. Guidance counsellor .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
l. Other (please specify) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**D13. How many nights have you spent in hospital in total in the last 12 months, from illness or injury?**

[INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] \_\_\_\_\_ visits

**D14. [CARD D14] Since you were 18 years old, have you had any of the following which required medical attention in a hospital or Accident and Emergency Department or private emergency clinic (e.g. Blackrock clinic, Swiftcare etc.)? [TICK ALL THAT APPLY]**

a. Road accident (driver or passenger in vehicle).....	<input type="checkbox"/>
b. Road accident as a cyclist) .....	<input type="checkbox"/>
c. Road accident as a pedestrian .....	<input type="checkbox"/>
d. A sports-related injury .....	<input type="checkbox"/>
e. An assault.....	<input type="checkbox"/>
f. Alcohol intoxication/poisoning .....	<input type="checkbox"/>
g. Drug intoxication/poisoning .....	<input type="checkbox"/>
h. Other (specify).....	<input type="checkbox"/>

**D15. [CARD D15] In the last 12 months, how many times have you seen or consulted, or talked on the phone with any of the following about your 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"/> <sub>99</sub>	<input type="checkbox"/> <sub>98</sub>
b. A practice nurse .....	_____	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>98</sub>
c. Another medical doctor e.g. in a hospital .....	_____	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>98</sub>
d. Physiotherapist ( <i>new cat.</i> ) .....	_____	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>98</sub>
e. Psychologist, psychiatrist, counsellor, etc .....	_____	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>98</sub>
f. Accident & Emergency .....	_____	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>98</sub>
g. Private emergency clinic, e.g. Blackrock clinic, Swiftcare etc. ....	_____	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>98</sub>
h. Out-of-hours GP service .....	_____	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>98</sub>
i. social worker .....	_____	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>98</sub>
j. Alternative therapists .....	_____	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>98</sub>
k. Health helplines (for physical or mental health issues).....	_____	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>98</sub>
l. Other (please specify) .....	_____	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>98</sub>

**D16. Was there any time during the past 12 months when you really needed to consult a GP but did not?**

Yes, there was at least one occasion ..... <sub>1</sub>      No, there was no such occasion ..... <sub>2</sub>

**D17. [CARD D17] If yes, what was the main reason for not consulting a GP [TICK ALL THAT APPLY]?**

- a. You couldn't afford to pay.....
- b. The necessary medical care wasn't available or accessible to you.....
- c. You could not take time off work/college to visit the doctor .....
- d. You wanted to wait and see if the problem got better .....
- e. You were afraid of the doctor .....
- f. You are still on the waiting list .....
- g. Too far to travel/no means of transport .....
- h. You couldn't get an appointment when you needed to .....
- i. Other (specify) \_\_\_\_\_

**D18. Was there any time during the past 12 months when you really needed to consult a medical specialist but did not?**

Yes, there was at least one occasion .....  <sub>1</sub>      No, there was no such occasion .....  <sub>2</sub>

**D19. [CARD D19] If yes, what was the main reason for not consulting a medical specialist [TICK ALL THAT APPLY]?**

- a. You couldn't afford to pay.....
- b. The necessary medical care wasn't available or accessible to you.....
- c. You could not take time off work/college to visit the doctor .....
- d. You wanted to wait and see if the problem got better .....
- e. You were afraid of the doctor .....
- f. You are still on the waiting list .....
- g. Too far to travel/no means of transport .....
- h. You couldn't get an appointment when you needed to .....
- i. Other (specify) \_\_\_\_\_

**D20. Are you covered by a medical card?**

Yes, full card .....  <sub>1</sub>      Yes, doctor only card .....  <sub>2</sub>      Not covered.....  <sub>3</sub>

**D21. Are you covered by private medical insurance (not just travel insurance)?**

Yes .....  <sub>1</sub>      No.....  <sub>2</sub>

**D22. Is this your own policy, as part of your parents'/family policy or provided by work?**

Own policy .....  <sub>1</sub>      Parents' policy .....  <sub>2</sub>      Work.....  <sub>3</sub>

**D23. Does that insurance include the cost of GP visits?**

Yes, in full .....  <sub>1</sub>      Yes, partially.....  <sub>2</sub>      No.....  <sub>3</sub>

**D24. On a normal weekday, what time do you normally go to bed? (Note that this may be different from the time you plan to go to sleep).**

\_\_\_\_\_ (time in 24 hour clock)

**D25. And on a normal weekday, what time do you normally get up? (Nte that this may be different from the time you wake up).**

\_\_\_\_\_ (time in 24 hour clock)

**D26. On a normal week-night, how long do you usually sleep? Do not include time you spend awake in bed.**

\_\_\_\_\_ hours and \_\_\_\_\_ minutes

**D27. Do you have any difficulty with sleep?**

Yes, a lot of difficulty .....  <sub>1</sub>      Yes, some difficulty .....  <sub>2</sub>      No .....  <sub>3</sub>

**D28. [CARD D28] How would you rate your dental health? [TICK ONE BOX ONLY]**

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

**E. DIET AND EXERCISE**

**E1. [CARD E1] Now I would like to ask you some questions about what you eat. Looking at the Card, in the last 24 hours have you had the following foods and drinks once, more than once, or not at all?**

	Once	Twice	More than twice	Not At All
a. Fresh fruit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Fruit juice.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Meat / Chicken / Fish.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Eggs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Cooked vegetables.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Raw vegetables or salad.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Meat pie, hamburger, hot dog, sausage or sausage roll.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Hot chips or French fries.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Crisps or savoury snacks.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Bread.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Potatoes/ Pasta/ Rice.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. Cereals.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. Biscuits, doughnuts, cake, pie or chocolate.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n. Cheese/yoghurt/ fromage frais.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o. Low fat Cheese/ low fat yoghurt.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p. Water (tap water / still water/ sparkling water).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q. Soft drinks / minerals / cordial / squash (not diet).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r. Soft drinks / minerals / cordial / squash (diet).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s. Full cream milk or full cream milk products.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t. Skimmed milk or skimmed milk products.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**E2. How many cups of tea or coffee do you drink in a typical day?**

\_\_\_\_\_ no. of cups

OR 1 don't drink tea/coffee

**E3. [CARD E3] Do you follow any of the following kinds of vegetarian diet? [TICK ONE ONLY]**

- Vegetarian (no meat or fish but eat dairy and/or eggs)..... 1  
 Vegan (no animal products at all)..... 2  
 Pescatarian (eat fish but not meat)..... 3  
 No..... 4

**E4. [CARD E4] Do you use any of the following supplements?**

	Yes	No
a. Multi-vitamins.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Individual vitamins or minerals (please specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Omega 3.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Fish oil.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Protein shakes/powders/bars.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Creatine.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Non-prescribed steroids.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Supplements to block fat or carbohydrate absorption.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Something else (please specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**E5a. What would you say is the recommended daily kilocalorie intake for an adult man?** **kilocalories**  
\_\_\_\_\_ Don't Know \_99

**E5b. What would you say is the recommended daily kilocalorie intake for an adult woman?** **kilocalories**  
\_\_\_\_\_ Don't Know \_99

**E6. How many times in the last 14 days have you done at least 30 mins of moderate-intensity activity, that is activity that causes a small increase in your heart rate and breathing (this includes brisk walking, cycling, swimming and active travel/transport on a daily basis)?**

None .....\_0    1 to 3 days .\_1    4 to 6 days \_2    7 to 9 days.....\_3    10 to 13 days...\_4    Everyday .... \_5

**E7. How many times in the last 14 days have you done at least 30 mins of vigorous-intensity activity, that is activity that causes a large increase in your heart rate and breathing (this includes running, playing football, GAA or similar team sports and gym classes)?**

None .....\_0    1 to 3 days .\_1    4 to 6 days \_2    7 to 9 days.....\_3    10 to 13 days...\_4    Everyday .... \_5

**E8 How many times in the last 14 days have you done muscle strengthening activities (this includes gym sessions, heavy DIY and aerobic or dance classes)?**

None .....\_0    1 to 3 days .\_1    4 to 6 days \_2    7 to 9 days.....\_3    10 to 13 days...\_4    Everyday .... \_5

**E9a. [Card E9a]I would now like you to think about the reasons why you choose to participate in sport or other physical activity. Which of the following reasons would you say is the most important motivation for your participation?**

- To improve my health and fitness.....\_1
  - To relax.....\_2
  - To improve my athletic skills .....\_3
  - To complete with others. ....\_4
  - To spend time with friends and family.....\_5
  - To control my weight. ....\_6
  - I don't participate in sport or other physical activity.....\_7
  - Other .....\_8
- Please Specify \_\_\_\_\_

**If Code 7 {Don't participate} at E9a ask**

**E9b. [Card E9b]I'd now like you to think about the reasons why you don't participate in sport or other physical activity. Which of the following reasons would you say is the most important constraint for your participation?**

- a. I Am not interested in sport/physical activity .....\_1
- b. Don't have enough time .....\_2
- c. No good sports facilities nearby .....\_3
- d. Too expensive .....\_4
- e. Health problems/disability .....\_5
- f. Bad weather .....\_6
- g. Concerned that I would look foolish trying something new .....\_7
- h. Don't like getting sweaty .....\_8
- i. The area where I live is not a nice place to walk or run .....\_9
- j. Don't have enough energy .....\_10
- k. I get all the exercise I need/would like .....\_12
- l. Other (please specify) .....\_11

## F. SCHOOL

**F1. When did you leave school?** \_\_\_\_\_ Year \_\_\_\_\_ Month

**F2. What programme did you take in your final year in school?**

- Regular (Established) Leaving Certificate ..... <sub>1</sub>  
 Leaving Certificate Applied (LCA)..... <sub>2</sub>  
 Leaving Certificate Vocational (LCVP)..... <sub>3</sub>  
 Something else (please specify)..... <sub>4</sub> **Go to F20**

**F3. Did you have a choice over which programme you took in your final year in school?**

- No, I had no choice – school only offers one programme ..... <sub>1</sub>  
 No, I had no choice – parents/teachers made me take this programme .. <sub>2</sub>  
 Yes, I decided to take this programme ..... <sub>3</sub>

**F4. Thinking about your final year in school in general, how satisfied are you with the programme you took (for example, the regular Leaving Cert, LCA, LCVP)?**

- Neither satisfied  
or
- Very Satisfied..... <sub>1</sub>      Satisfied..... <sub>2</sub>      Dissatisfied..... <sub>3</sub>      Dissatisfied..... <sub>4</sub>      Very Dissatisfied..... <sub>5</sub>

**F5. Did you sit the Leaving Certificate examinations?**

- Yes, I sat it once. <sub>1</sub>      Yes, I sat it more than once (i.e.repeated). <sub>2</sub>      No, didn't sit it <sub>3</sub>

**F6. In what year did you sit your Leaving Certificate examinations?** \_\_\_\_\_

**[If already sat Regular Leaving Certificate or Leaving Cert Vocational]**

**F7. How many subjects in total did you sit for the Leaving Certificate examinations (LCVP do not include link modules)?** \_\_\_\_\_ subjects

**F8. How many points did you get in total in the Leaving Certificate examinations?**  
\_\_\_\_\_ points

**F9. If did Regular Leaving Cert or Leaving Cert Vocational – F2 = 1 or 3]**

**[CARD F9] Please indicate which subjects you did for the Leaving Cert, at what level (foundation, ordinary or higher) and the grade you achieved.**

	Did subject	Level					If your grade is unknown can you remember?		
		Foundation	Ordinary	Higher	Unsure	Grade	A, B, Cs	Ds	E, F, NGs
Irish	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> ....	_____	_____	_____	_____	
English	<input type="checkbox"/> <sub>1</sub>		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> ....	_____	_____	_____	_____	
Mathematics	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> ....	_____	_____	_____	_____	
History	<input type="checkbox"/> <sub>1</sub>		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> ....	_____	_____	_____	_____	
Geography	<input type="checkbox"/> <sub>1</sub>		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> ....	_____	_____	_____	_____	
French	<input type="checkbox"/> <sub>1</sub>		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> ....	_____	_____	_____	_____	
German	<input type="checkbox"/> <sub>1</sub>		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> ....	_____	_____	_____	_____	
Spanish	<input type="checkbox"/> <sub>1</sub>		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> ....	_____	_____	_____	_____	
Italian	<input type="checkbox"/> <sub>1</sub>		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> ....	_____	_____	_____	_____	
Art (including crafts)	<input type="checkbox"/> <sub>1</sub>		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> ....	_____	_____	_____	_____	
Music	<input type="checkbox"/> <sub>1</sub>		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> ....	_____	_____	_____	_____	
Home Economics	<input type="checkbox"/> <sub>1</sub>		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> ....	_____	_____	_____	_____	
Business	<input type="checkbox"/> <sub>1</sub>		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> ....	_____	_____	_____	_____	
Technology	<input type="checkbox"/> <sub>1</sub>		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> ....	_____	_____	_____	_____	
Latin	<input type="checkbox"/> <sub>1</sub>		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> ....	_____	_____	_____	_____	

Ancient Greek	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Hebrew Studies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Religious Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Classical Studies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Biology	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Chemistry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Physics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Physics and Chemistry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Accounting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Economics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Applied Mathematics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Construction Studies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Engineering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Design and Communication Graphics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Agricultural Economics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Agricultural Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Arabic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Japanese	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....
Russian	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	.....	.....	.....	.....

**F11. [If sat LCVP] What grade did you get in your link modules:**

	Distinction	Merit	Pass	Fail
a. Preparation for the World of Work: .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Enterprise Education: .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**F12. [If sat LCA] What overall grade did you get in the Leaving Certificate Applied?**

Distinction	Merit	Pass	Record of Credits
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**F13. [If doing Leaving Cert Applied – F2 = 2]**

**[CARD F13] Please indicate which vocational specialisms/elective modules you took in the Leaving Cert Applied Course.**

**Vocational Specialisms**

- a. Agriculture/Horticulture.....
- b. Childcare/Community Care.....
- c. Graphics and Construction Studies.....
- d. Craft and Design.....
- e. Engineering.....
- f. Hair and Beauty.....
- g. Hotel, Catering and Tourism.....
- h. Office Administration and Customer Care.....
- i. Technology.....
- j. Information and Communication Technology (follow-on to Introduction to ICT) ...
- k. Active Leisure Studies (follow-on to Leisure and Recreation).....

**Elective Modules (in addition to required modules only)**

- l. Vocational Preparation & Guidance.....
- m. Arts Education.....
- n. Modern Language.....
- o. Sign Language.....
- p. Leisure and Recreation.....
- q. Religious Education.....
- r. Science.....



F14a. Looking back, do you have any regrets about your subject choice for the Leaving Cert?

Yes ..... <sub>1</sub> No..... <sub>2</sub>

F14b. If yes, which subject and why?

\_\_\_\_\_

*If didn't sit the Leaving Certificate:*

F15. What age were you when you left school? \_\_\_\_\_ (years)

F16. [CARD F16] What were the main factors influencing you to leave school before the Leaving Cert?

[TICK ALL THAT APPLY]

- a. Found school work difficult.....
- b. Found school work boring/not interesting ....
- c. Didn't get on with teachers.....
- d. Didn't get on with other students.....
- e. Suspended from school .....
- f. Expelled from school.....
- g. Special educational needs .....
- h. Other school related factors (specify) \_\_\_\_\_
- i. Health factors (own illness/disability) .....
- j. Wanted to get a job and earn money .....
- k. Other economic/job factors (specify) \_\_\_\_\_
- l. Family factors (specify) \_\_\_\_\_
- m. Other reasons (specify) \_\_\_\_\_

F17. Did any of your friends leave school before sitting the Leaving Cert?

Yes ..... <sub>1</sub> No ..... <sub>2</sub>

F18. Have any of your brothers or sisters left school before the Leaving Cert?

- Don't have brothers or sisters ..... <sub>1</sub>
- No, all brothers or sisters either still in school or completed the Leaving Cert ..... <sub>2</sub>
- Yes ..... <sub>3</sub>

F19. If yes, are these your older or younger siblings? [TICK ALL THAT APPLY]

- a. Older..... <sub>1</sub>
- b. Younger..... <sub>2</sub>
- c. Same age (in case of twins or triplets) ..... <sub>3</sub>

F20. In your final school year, did you have any grinds or private tuition in any of your school subjects (excluding special educational needs support)?

Yes..... <sub>1</sub> No..... <sub>2</sub>

F21. [CARD F21] Here are some views about being in secondary school. There are no right or wrong answers. For each statement please indicate whether you agree or disagree with these views

Strongly agree    Agree    Disagree    Strongly disagree

**Attitudes to school**

a. I disliked being at school. .... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>

**Attitudes to teachers**

b. I thought most of my teachers were friendly. .... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>

c. I could talk to my teachers if I had a problem. .... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>

F22a. During your time in secondary school did you have a short term work experience placement, as part of your school curriculum? That is a time when you spent a few days getting experience of what it's like to be at work for example in a local business, office or factory.

Yes ..... <sub>1</sub> No..... <sub>2</sub>

F22b. If yes, did you find this useful in preparing you for the future and what you wanted to do after school?

Yes ..... <sub>1</sub> No..... <sub>2</sub>

F22c. Why do you feel that?

**SECTION G. CURRENT STATUS/EVENT HISTORY GRID**

**G1. Please complete the following grid. Please indicate what your main status was with regard to work or other activity in each month from January 2016 until present. Please indicate which of these categories best applied to you in each month. [Interviewer: If respondent gives more than one answer per month, ask them to choose the main status]**

	2016												2017											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b><i>In School</i></b>																								
1. Still in school																								
<b><i>In Further / Higher Education</i></b>																								
2. Studying Further Education course (PLC)																								
3. Studying Higher Education course (University or Inst. of Technology)																								
<b><i>In Work</i></b>																								
4. In FULL-TIME paid employment or paid internship																								
5. In PART-TIME paid employment or paid internship																								
6. Unpaid internship																								
<b><i>In Training</i></b>																								
7. Apprenticeship																								
8. On a Solas (FAS) course, Failte Ireland, Teagasc etc. training course																								
9. On a Private Training Course																								
10. Youth Reach																								
<b><i>Not in school, further / higher education, work or training</i></b>																								
11. Unemployed																								
12. Engaged in minding the home or family																								
13. Unable to work or study due to permanent disability or illness																								
14. Taking a year out or travelling																								

**G2. So, Current Status is:** \_\_\_\_\_

If Further/higher education or training (2,3,7,8,9, or 10) GO TO Section H1

If Work (4,5, or 6) GO TO Section H2

If Not in educ/wrk/training (1,11,12,13, or 14) GO TO Section H3

**SECTION H1. Questions for those currently in further/higher education or training at age 20 years**

*If currently 2,3, 7, 8, 9 or 10 at G1*

**H1 [CARD H1] Which of the following are you participating in? (Tick all that apply)**

- |   |                               |  |                             |
|---|-------------------------------|--|-----------------------------|
| Postgraduate course (NFQ Level 9) .....                 | <input type="checkbox"/> 1    | Certificate Course (NFQ Level 4) .....         | <input type="checkbox"/> 8  |
| Honours Bachelor Degree (NFQ Level 8) .....             | <input type="checkbox"/> 2..  | Certificate Course (NFQ Level 5) .....         | <input type="checkbox"/> 9  |
| Ordinary Bachelor Degree (NFQ Level 7) .....            | <input type="checkbox"/> 3..  | Apprenticeship .....                           | <input type="checkbox"/> 10 |
| Higher Certificate Course (NFQ Level 6) .....           | <input type="checkbox"/> 4..  | Solas (FÁS), Fáiite Ireland, Teagasc etc. .... | <input type="checkbox"/> 11 |
| Post-Leaving Cert Course (NFQ Level 5/6) .....          | <input type="checkbox"/> 5..  | Private Training Course .....                  | <input type="checkbox"/> 12 |
| University outside the Republic of Ireland.....         | <input type="checkbox"/> 6... | Youth Reach .....                              | <input type="checkbox"/> 13 |
| Further education outside the Republic of Ireland ..... | <input type="checkbox"/> 7... | Other (Specify) .....                          | <input type="checkbox"/> 14 |
|   |                               | None of the above .....                        | <input type="checkbox"/> 15 |

If you have taken more than one course or apprenticeship, please answer the following questions in relation to the highest level of course or apprenticeship:

H2. Please give the name and address of the college or institution you are attending and/or business where you are doing your apprenticeship/training:

\_\_\_\_\_ (open ended)

H3. Please give the name of the course or apprenticeship you are following (e.g. Level 5 Certificate in Business Studies; Level 6 Higher Certificate in Mechanical Engineering; Level 6 Advanced Certificate Craft in Plumbing; Level 8 Bachelor of Arts Honours in History and English):

\_\_\_\_\_ (open ended)

H4. Is this course part-time, full-time or something else?

Part-time .....<sub>1</sub>      Full-time.....<sub>2</sub>      Something else <sub>3</sub>

H5. Date Course Started:    Year \_\_\_\_\_                      Month \_\_\_\_\_

H6. Expected total duration of course from beginning to end: \_\_\_\_\_ Years    \_\_\_\_\_ Months

H7. Are you receiving any type of:

- a. a means-tested grant to cover registration fees?                      Yes....<sub>1</sub>                      No.....<sub>2</sub>
- b. a means-tested grant to cover maintenance?                      Yes....<sub>1</sub>                      No.....<sub>2</sub>
- c. a scholarship?                      Yes....<sub>1</sub>                      No.....<sub>2</sub>

H8. [CARD H8] How do you fund your studies/training? [TICK ALL THAT APPLY]

- Money from your family.....<sub>1</sub>                      A bank loan .....<sub>6</sub>
- Indirect support from your family (e.g. food, accommodation) <sub>2</sub>                      Savings.....<sub>7</sub>
- Earnings from employment.....<sub>3</sub>                      Employer assistance.....<sub>8</sub>
- A State grant.....<sub>4</sub>                      Other, please specify \_\_\_\_\_.....<sub>9</sub>
- Social welfare payment (e.g. Back to Education Allowance) ..<sub>5</sub>

H9. Generally speaking, on a scale of 1 to 10, how satisfied are you with your choice of course – where a ‘1’ indicates ‘not at all satisfied’ and ‘10’ indicates ‘extremely satisfied.’

1 Not at all	2	3	4	5	6	7	8	9	10. Extremely
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>

H10. Generally speaking, on a scale of 1 to 10, how stressful do you find your course – where a ‘1’ indicates ‘not at all stressful’ and ‘10’ indicates ‘extremely stressful.’

1 Not at all	2	3	4	5	6	7	8	9	10. Extremely
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>

H11. Generally speaking, on a scale of 1 to 10, how would you rate your compliance with the requirements of this course (e.g. attending all classes, submitting assignments on time) – where a ‘1’ indicates ‘not at all compliant’ and ‘10’ indicates ‘extremely compliant.’

1 Not at all	2	3	4	5	6	7	8	9	10. Extremely
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>

H12a. Have you completed a work placement(s) as part of a college course?

Yes .....<sub>1</sub>                      No.....<sub>2</sub>

H12b. Are you currently on a work placement?

Yes .....<sub>1</sub>                      No.....<sub>2</sub>

H13. Do you do any work in a part-time *paid* job in term-time while you are attending college, even if it is only for an hour or two now and then? Please don't include jobs you only do during the holidays, voluntary work or a work placement that is part of your course.

Yes .....  <sub>1</sub>

No.....  <sub>2</sub>

H14. When did you take up this job?

Year \_\_\_\_\_ Month \_\_\_\_\_

H15. In relation to this job, please give the name and a full description of the work done -- if more than one job, describe the one with the most hours?

(If farmer, give acreage. Be sure to describe job exactly. If relevant give rank e.g. Civil Service, Gardaí, Army etc.)

H16. [CARD H16] In this job are you:

Employee .....  <sub>1</sub>

Self-employed without paid employees .....  <sub>2</sub>

Self-employed with paid employees ...  <sub>3</sub>

H17. How many hours on average do you usually work per week in this job (or jobs) during term-time? Please include any hours you work during the week or at the weekend during term-time.

(Number of hours – ask for average weekly hours if irregular) \_\_\_\_\_

H18. How much money do you earn on average each week through part-time work during term-time?

a. Gross (Before Deductions)

b. Net (take-home pay)

€ \_\_\_\_\_

€ \_\_\_\_\_

H19. Do you ever do any work for a business owned or run by a member of your family? This includes *any* work, whether paid or unpaid.

Yes .....  <sub>1</sub>

No.....  <sub>2</sub>

**H20. [CARD H20] Apart from the course we have just talked about, since leaving school did you participate in any of the following on a full- or part-time basis – even if you did not complete it [TICK ALL THAT APPLY]**

- |   |                               |  |                             |
|---|-------------------------------|--|-----------------------------|
| Postgraduate course (NFQ Level 9) .....                 | <input type="checkbox"/> 1    | Certificate Course (NFQ Level 4) .....         | <input type="checkbox"/> 8  |
| Honours Bachelor Degree (NFQ Level 8) .....             | <input type="checkbox"/> 2..  | Certificate Course (NFQ Level 5) .....         | <input type="checkbox"/> 9  |
| Ordinary Bachelor Degree (NFQ Level 7) .....            | <input type="checkbox"/> 3..  | Apprenticeship .....                           | <input type="checkbox"/> 10 |
| Higher Certificate Course (NFQ Level 6) .....           | <input type="checkbox"/> 4..  | Solas (FÁS), Fáiite Ireland, Teagasc etc. .... | <input type="checkbox"/> 11 |
| Post-Leaving Cert Course (NFQ Level 5/6) .....          | <input type="checkbox"/> 5..  | Private Training Course .....                  | <input type="checkbox"/> 12 |
| University outside the Republic of Ireland.....         | <input type="checkbox"/> 6... | Youth Reach .....                              | <input type="checkbox"/> 13 |
| Further education outside the Republic of Ireland ..... | <input type="checkbox"/> 7..  | Other (please specify) .....                   | <input type="checkbox"/> 14 |
|   |                               | None of the above .....                        | <input type="checkbox"/> 15 |

**H21. Did you complete this course or did you leave before completion?**

*(If you have taken more than one course or apprenticeship, please answer the following questions in relation to the highest level of course or apprenticeship)*

Completed course ..... 2      Left before completion ..... 3

**H22-H23. [CARD H22] Why did you leave?**

- |  | H22. All reasons            | H23. Main reason            |
|--|-----------------------------|-----------------------------|
| The course was not what I expected .....                   | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  |
| I did not like going to college .....                      | <input type="checkbox"/> 2  | <input type="checkbox"/> 2  |
| I failed my exams .....                                    | <input type="checkbox"/> 3  | <input type="checkbox"/> 3  |
| I/my family were experiencing financial difficulties ..... | <input type="checkbox"/> 4  | <input type="checkbox"/> 4  |
| It was too far to travel .....                             | <input type="checkbox"/> 5  | <input type="checkbox"/> 5  |
| I got a full-time job .....                                | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  |
| Physical health difficulties .....                         | <input type="checkbox"/> 7  | <input type="checkbox"/> 7  |
| Mental health difficulties .....                           | <input type="checkbox"/> 8  | <input type="checkbox"/> 8  |
| Family difficulties .....                                  | <input type="checkbox"/> 9  | <input type="checkbox"/> 9  |
| Personal difficulties .....                                | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |
| Other, please specify .....                                | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 |

**H24 [CARD H24] In addition to courses you have participated in, I would like to ask you about any other courses that you may have applied for but which you didn't participate in. Looking at this list can you tell me if you (a) made an application and (b) if you received an offer? Do not include courses already described but do include courses with open applications.**

a) Made application	b) Received offer		
	Yes	No	Still waiting to hear application outcome

- |   |                             |                            |                            |                            |
|---|-----------------------------|----------------------------|----------------------------|----------------------------|
| Postgraduate course (NFQ Level 9) .....                 | <input type="checkbox"/> 1  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Honours Bachelor Degree (NFQ Level 8) .....             | <input type="checkbox"/> 2  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Ordinary Bachelor Degree (NFQ Level 7) .....            | <input type="checkbox"/> 3  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Higher Certificate Course (NFQ Level 6) .....           | <input type="checkbox"/> 4  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Post-Leaving Cert Course (NFQ Level 5/6) .....          | <input type="checkbox"/> 5  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| University outside the Republic of Ireland.....         | <input type="checkbox"/> 6  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Further education outside the Republic of Ireland ..... | <input type="checkbox"/> 7  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Certificate Course (NFQ Level 4) .....                  | <input type="checkbox"/> 8  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Certificate Course (NFQ Level 5) .....                  | <input type="checkbox"/> 9  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Apprenticeship.....                                     | <input type="checkbox"/> 10 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Solas(FÁS), Fáiite Ireland, Teagasc etc. ....           | <input type="checkbox"/> 11 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Private Training Course .....                           | <input type="checkbox"/> 12 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Youth Reach.....  | <input type="checkbox"/> 13 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Other, please specify .....                             | <input type="checkbox"/> 14 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| None of the above .....                                 | <input type="checkbox"/> 15 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

**H25. [CARD H25] If any offers, what was the main reason you did not participate in this course?**

- Got a better/preferred offer ..... 1
- Wasn't interested or didn't think it was for me ..... 2
- Did not get my preferred course..... 3
- Did not get location of choice ..... 4
- Felt I couldn't afford it/ too expensive ..... 5
- Wanted to travel/have gap year/take time out ..... 6
- Wanted to do other education/training instead ..... 7
- Wanted to repeat my Leaving Certificate..... 8
- My family didn't encourage me to ..... 9
- Other (please specify) \_\_\_\_\_ 10

**If currently in or previously participated in or previously applied for further/higher education**

If H1, H20 or H24b = 1, 2, 3, 4, or 5

**H26a. May we have permission to link to the CAO database?**

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

Interviewer: *If yes – please make sure to get CAO consent form signed*

**H26b. When was this application made? \_\_\_\_\_ year**

## SECTION H2. Questions for those currently at work and may have completed education or training previously (or currently part-time)

If currently 4,5 or 6 at G1

### Details of current job

**H27a. [CARD H27a] In relation to the current job you hold, how would you describe it?**

- Regular, full-time.....1  
 Temporary, full-time.....2  
 Regular, part-time.....3  
 Temporary, part-time.....4  
 Zero hour contract.....5  
 Work Placement.....6

**H27b. When did you take up this job?**

Year \_\_\_\_\_ Month \_\_\_\_\_

**H28. In relation to this job, please give the name and a full description of the work done. (If farmer, give acreage. Be sure to describe job exactly. If relevant give rank e.g. Civil Service, Gardaí, Army etc.)**

\_\_\_\_\_

**H29. [CARD H29] In this job are you:**

- Employee.....1  
 Self-employed without paid employees.....2  
 Self-employed with paid employees.....3

**H30. How many hours on average do you usually work per week in this job?**

(Number of hours – ask for average week if irregular) \_\_\_\_\_

**H31. How much money do you earn on average each week?**

**a. Gross (Before Deductions)**

**b. Net (take-home pay)**

€ \_\_\_\_\_

€ \_\_\_\_\_

**H32. Generally speaking, on a scale of 1 to 10, how well do you like your job – where a ‘1’ indicates ‘not at all’ and ‘10’ indicates ‘very much.’**

1	2	3	4	5	6	7	8	9	10.
Not at all									▶ Very much
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

**H33. Generally speaking, on a scale of 1 to 10, how secure do you feel your job is – where a ‘1’ indicates ‘not at all’ and ‘10’ indicates ‘very much.’**

1	2	3	4	5	6	7	8	9	10.
Not at all									▶ Very much
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

**H34. [CARD H34] In the last year, did you do any of these types of training or education connected with your current job?**

- Received instruction or training from someone which took you away from your normal job.....1  
 Received instruction whilst performing your normal job.....2  
 Taught yourself from a book/manual/video/.....3

- Followed a distance learning or Internet course (such as Open University) ..... 4
- Took an evening class ..... 5
- Did some other work-related training (specify) \_\_\_\_\_ 6
- None of these ..... 7
- Don't Know..... 8

**H35. Did you ever receive any training in this job, before last year?** Yes ... 1 No ..... 2

**H36. To what extent are your knowledge and skills utilized in this work?** (Please answer on a scale from 1 to 5, where 1 means 'Not at all' and 5 means 'To a very great extent.')

1 Not at all	2	3	4	5 To a very great extent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**H37. To what extent does your current work demand more knowledge and skills than you can actually offer?** (Please answer on a scale from 1 to 5, where 1 means 'Not at all' and 5 means 'To a very great extent.')

1 Not at all	2	3	4	5 To a very great extent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**H38. What type of education do you feel is most appropriate for this work?**

Post graduate <input type="checkbox"/> 1	Leaving Certificate <input type="checkbox"/> 5
Bachelor <input type="checkbox"/> 2	Junior Certificate <input type="checkbox"/> 6
PLC <input type="checkbox"/> 3	Other (Please specify): _____ <input type="checkbox"/> 7
Apprenticeship <input type="checkbox"/> 4	

**H39. Do you see your current job as a stop gap or as a start to a long term career?**

Stop gap 1 Start to a long term career 2

**H40. Are you a member of a trade union?** Yes ..... 1 No ..... 2

**H41. [CARD H41] Since leaving school did you participate in any of the following on a full- or part-time basis – even if you did not complete it (include current part-time courses if relevant) [TICK ALL THAT APPLY]**

- Postgraduate course (NFQ Level 9) ..... 1
- Honours Bachelor Degree (NFQ Level 8) ..... 2..
- Ordinary Bachelor Degree (NFQ Level 7) ..... 3..
- Higher Certificate Course (NFQ Level 6) ..... 4..
- Post-Leaving Cert Course (NFQ Level 5/6) ..... 5..
- University outside the Republic of Ireland..... 6...
- Further education outside the Republic of Ireland ..... 7...
- .....
- Certificate Course (NFQ Level 4) ..... 8
- Certificate Course (NFQ Level 5) ..... 9
- Apprenticeship ..... 10
- Solas (FÁS), Fáiite Ireland, Teagasc etc. .... 11
- Private Training Course ..... 12
- Youth Reach ..... 13
- Other Please specify \_\_\_\_\_ 14
- None of the above ..... 15

**If you have taken more than one course or apprenticeship, please answer the following questions in relation to the highest level of course or apprenticeship:**

**H42. Please give the name and address of the college or institution you are/were attending and/or business where you are doing/did your apprenticeship/training:**

\_\_\_\_\_ (open ended)

**H43. Please give the name of the course or apprenticeship you are/were following (e.g. Level 5 Certificate in Business Studies; Level 6 Higher Certificate in Mechanical Engineering; Level 6 Advanced Certificate Craft in Plumbing; Level 8 Bachelor of Arts Honours in History and English):**

\_\_\_\_\_ (open ended)



**H44. Was/is this course part-time, full-time or something else?**

Part-time .....<sub>1</sub>      Full-time.....<sub>2</sub>      Something else <sub>3</sub>

**H45. Date Course Started:** Year \_\_\_\_\_ Month \_\_\_\_\_

**H46. How long was/is the course from beginning to end (what was its total duration, even if you left it early):**

\_\_\_\_\_ Years      \_\_\_\_\_ Months

**H47. Are you receiving (did you receive) any type of:**

- a. a means-tested grant to cover registration fees?      Yes....<sub>1</sub>      No.....<sub>2</sub>
- b. a means-tested grant to cover maintenance?      Yes....<sub>1</sub>      No.....<sub>2</sub>
- c. a scholarship?      Yes....<sub>1</sub>      No.....<sub>2</sub>

**H48. [CARD H48] How do/did you fund your studies/training? [TICK ALL THAT APPLY]**

- Money from your family .....<sub>1</sub>      A bank loan .....<sub>6</sub>
- Indirect support from your family (e.g. food, accommodation) .....<sub>2</sub>      Savings.....<sub>7</sub>
- Earnings from employment .....<sub>3</sub>      Employer assistance .....<sub>8</sub>
- A State grant .....<sub>4</sub>      Other, please specify \_\_\_\_\_<sub>9</sub>
- Social welfare payment (e.g. Back to Education Allowance) .....<sub>5</sub>

**H49. Did you complete this course or did you leave before completion?**

Still on course .....<sub>1</sub>      Completed course.....<sub>2</sub>      Left before completion.....<sub>3</sub>

**H50. [CARD H50] Why did you leave?**

	H50. All reasons	H51. Main reason
The course was not what I expected .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
I did not like going to college .....	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
I failed my exams .....	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
I/my family were experiencing financial difficulties .....	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>
It was too far to travel .....	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>
I got a full-time job .....	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>
Physical health difficulties .....	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>7</sub>
Mental health difficulties .....	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>8</sub>
Family difficulties .....	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>9</sub>
Personal difficulties.....	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>10</sub>
Other, please specify .....	<input type="checkbox"/> <sub>11</sub>	<input type="checkbox"/> <sub>11</sub>

**Details of courses applied for but not participated in**

**H52 [CARD H52] In addition to courses you have participated in, I would like to ask you about any other courses that you may have applied for but which you didn't participate in. Looking at this list can you tell me if you (a) made an application and (b) if you received an offer? Do not include courses already described but do include courses with open applications.**

a) Made application	b) Received offer		
	Yes	No	Still waiting to hear application outcome

- Postgraduate course (NFQ Level 9) .....<sub>1</sub> .....<sub>1</sub> .....<sub>2</sub> .....<sub>3</sub>
- Honours Bachelor Degree (NFQ Level 8) .....<sub>2</sub> .....<sub>1</sub> .....<sub>2</sub> .....<sub>3</sub>
- Ordinary Bachelor Degree (NFQ Level 7) .....<sub>3</sub> .....<sub>1</sub> .....<sub>2</sub> .....<sub>3</sub>
- Higher Certificate Course (NFQ Level 6) .....<sub>4</sub> .....<sub>1</sub> .....<sub>2</sub> .....<sub>3</sub>
- Post-Leaving Cert Course (NFQ Level 5/6) .....<sub>5</sub> .....<sub>1</sub> .....<sub>2</sub> .....<sub>3</sub>
- University outside the Republic of Ireland.....<sub>6</sub> .....<sub>1</sub> .....<sub>2</sub> .....<sub>3</sub>
- Further education outside the Republic of Ireland .....<sub>7</sub> .....<sub>1</sub> .....<sub>2</sub> .....<sub>3</sub>
- Certificate Course (NFQ Level 4) .....<sub>8</sub> .....<sub>1</sub> .....<sub>2</sub> .....<sub>3</sub>
- Certificate Course (NFQ Level 5) .....<sub>9</sub> .....<sub>1</sub> .....<sub>2</sub> .....<sub>3</sub>
- Apprenticeship.....<sub>10</sub> .....<sub>1</sub> .....<sub>2</sub> .....<sub>3</sub>
- Solas(FÁS),Fáilte Ireland,Teagasc etc. ....<sub>11</sub> .....<sub>1</sub> .....<sub>2</sub> .....<sub>3</sub>

Private Training Course ..... <sub>12</sub> ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>  
 Youth Reach..... <sub>13</sub> ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>  
 Other, please specify \_\_\_\_\_ <sub>14</sub> ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>  
 None of the above ..... <sub>15</sub> ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

**H53. [CARD H53] If any offers, what was the main reason you did not participate in this course?**

Got a better/preferred offer ..... <sub>1</sub>  
 Wasn't interested or didn't think it was for me ..... <sub>2</sub>  
 Did not get my preferred course..... <sub>3</sub>  
 Did not get location of choice ..... <sub>4</sub>  
 Felt I couldn't afford it/ too expensive ..... <sub>5</sub>  
 Wanted to travel/have gap year/take time out ..... <sub>6</sub>  
 Wanted to do other education/training instead ..... <sub>7</sub>  
 Wanted to repeat my Leaving Certificate..... <sub>8</sub>  
 My family didn't encourage me to ..... <sub>9</sub>  
 Other (please specify) \_\_\_\_\_ <sub>10</sub>

**If previously participated in or previously applied for further/higher education**

If H41 or H52 = 1,2,3,4 or 5

**H54a. May we have permission to link to the CAO database?**

Yes ..... <sub>1</sub>                      No..... <sub>2</sub>

Interviewer: *If yes – please make sure to get CAO consent form signed*

**H54b. When was this application made? \_\_\_\_\_ year**

**H55. How likely do you think it is that you will return to full-time education in the next 5 years?**

Very likely ..... <sub>1</sub>    Fairly likely ..... <sub>2</sub>    Not very likely..... <sub>3</sub>    Not at all likely..... <sub>4</sub>

### SECTION H3. Questions for those currently not in education, employment or training

If currently 1,11,12,13,14 at G1

**H56. [CARD H56] What is your main reason for not working or continuing in education or training at the present time?**

- Arranged a job or course that starts later .....  1
- Made arrangements for self-employment but haven't started yet .....  2
- Awaiting call to work (e.g. zero hours contract).....  3
- Cannot find work.....  4
- Cannot find a place on a course.....  5
- Don't have necessary qualifications for preferred job or course .....  6
- Don't know how to go about getting a job or finding a course.....  7
- Own illness or injury.....  8
- Own Pregnancy .....  9
- Looking after own children or other family member(s) .....  10
- Don't have own transport.....  11
- Cannot afford alternative accommodation close to job/course .....  12
- Don't want to move home or be separated from loved ones.....  13
- Cannot find suitable childcare .....  14
- Prefer not to work or continue in education .....  15
- Taking a year out or travelling .....  16
- Other (please specify) \_\_\_\_\_  17

#### Details of current or past participation in any courses

**H57. [CARD H57] Since leaving school did you participate in any of the following on a full- or part-time basis – even if you did not complete it (include current part-time courses if relevant) [TICK ALL THAT APPLY]**

- |   |                               |  |                             |
|---|-------------------------------|--|-----------------------------|
| Postgraduate course (NFQ Level 9) .....                 | <input type="checkbox"/> 1    | Certificate Course (NFQ Level 4) .....         | <input type="checkbox"/> 8  |
| Honours Bachelor Degree (NFQ Level 8) .....             | <input type="checkbox"/> 2..  | Certificate Course (NFQ Level 5) .....         | <input type="checkbox"/> 9  |
| Ordinary Bachelor Degree (NFQ Level 7) .....            | <input type="checkbox"/> 3..  | Apprenticeship .....                           | <input type="checkbox"/> 10 |
| Higher Certificate Course (NFQ Level 6) .....           | <input type="checkbox"/> 4..  | Solas (FÁS), Fáiite Ireland, Teagasc etc. .... | <input type="checkbox"/> 11 |
| Post-Leaving Cert Course (NFQ Level 5/6) .....          | <input type="checkbox"/> 5..  | Private Training Course .....                  | <input type="checkbox"/> 12 |
| University outside the Republic of Ireland.....         | <input type="checkbox"/> 6... | Youth Reach .....                              | <input type="checkbox"/> 13 |
| Further education outside the Republic of Ireland ..... | <input type="checkbox"/> 7... | Other (please specify) _____                   | <input type="checkbox"/> 14 |
| .....   |                               | None of the above .....                        | <input type="checkbox"/> 15 |

If you have taken more than one course or apprenticeship, please answer the following questions in relation to the highest level of course or apprenticeship:

**H58. Please give the name and address of the college or institution you are/were attending and/or business where you are doing/did your apprenticeship/training:**

\_\_\_\_\_ (open ended)

**H59. Please give the name of the course or apprenticeship you are/were following (e.g. Level 5 Certificate in Business Studies; Level 6 Higher Certificate in Mechanical Engineering; Level 6 Advanced Certificate Craft in Plumbing; Level 8 Bachelor of Arts Honours in History and English):**

\_\_\_\_\_ (open ended)

**H60. Is/was this course part-time, full-time or something else?**

- Part-time .....  1      Full-time.....  2      Something else  3

**H61. Date Course Started:**    Month \_\_\_\_\_      Year \_\_\_\_\_

**H62. How long is/was the course from beginning to end (what is/was its total duration, even if you left it early):**

\_\_\_\_\_ Months      \_\_\_\_\_ Years

**H63. Are/were you receiving any type of:**

- a. a grant to cover registration fees? Yes.....<sub>1</sub> No .....<sub>2</sub>
- b. a grant to cover maintenance? Yes.....<sub>1</sub> No .....<sub>2</sub>
- c. a scholarship? Yes.....<sub>1</sub> No .....<sub>2</sub>

**H64. [CARD H64] How do/did you fund your studies/training? [TICK ALL THAT APPLY]**

- a. Money from your family.....<sub>1</sub>
- b. Indirect support from your family (e.g. food, accommodation) <sub>2</sub>
- c. Earnings from employment.....<sub>3</sub>
- d. A State grant.....<sub>4</sub>
- e. Social welfare payment (e.g. Back to Education Allowance) ..<sub>5</sub>
- f. A bank loan.....<sub>6</sub>
- g. Savings.....<sub>7</sub>
- h. Employer assistance.....<sub>8</sub>
- i. Other, please specify.....<sub>9</sub>

**H65. Did you complete this course or did you leave before completion?**

- Still on course.....<sub>1</sub> Completed course.....<sub>2</sub> Left before completion.....<sub>3</sub>

**H66. [CARD H66] Why did you leave? (Tick all that apply (H66) and choose one as the main reason(H67))**

- |   | H66. All reasons                       | H67. Main reason                       |
|---|--|--|
| a. The course was not what I expected .....                   | <input type="checkbox"/> <sub>1</sub>  | <input type="checkbox"/> <sub>1</sub>  |
| b. I did not like going to college.....                       | <input type="checkbox"/> <sub>2</sub>  | <input type="checkbox"/> <sub>2</sub>  |
| c. I failed my exams .....                                    | <input type="checkbox"/> <sub>3</sub>  | <input type="checkbox"/> <sub>3</sub>  |
| d. I/my family were experiencing financial difficulties ..... | <input type="checkbox"/> <sub>4</sub>  | <input type="checkbox"/> <sub>4</sub>  |
| e. It was too far to travel.....                              | <input type="checkbox"/> <sub>5</sub>  | <input type="checkbox"/> <sub>5</sub>  |
| f. I got a full-time job.....                                 | <input type="checkbox"/> <sub>6</sub>  | <input type="checkbox"/> <sub>6</sub>  |
| g. Physical health difficulties .....                         | <input type="checkbox"/> <sub>7</sub>  | <input type="checkbox"/> <sub>7</sub>  |
| h. Mental health difficulties.....                            | <input type="checkbox"/> <sub>8</sub>  | <input type="checkbox"/> <sub>8</sub>  |
| i. Family difficulties.....                                   | <input type="checkbox"/> <sub>9</sub>  | <input type="checkbox"/> <sub>9</sub>  |
| j. Personal difficulties.....                                 | <input type="checkbox"/> <sub>10</sub> | <input type="checkbox"/> <sub>10</sub> |
| k. Other, please specify.....                                 | <input type="checkbox"/> <sub>11</sub> | <input type="checkbox"/> <sub>11</sub> |

**Details of courses applied for but not participated in**

**H68 [CARD H68] In addition to courses you have participated in, I would like to ask you about any other courses that you may have applied for but which you didn't participate in. Looking at this list can you tell me if you (a) made an application and (b) if you received an offer? Do not include courses already described but do include courses with open applications.**

a) Made application	b) Received offer		
	Yes	No	Still waiting to hear application outcome

- |   |  |                                       |                                       |                                       |
|---|--|---------------------------------------|---------------------------------------|---------------------------------------|
| Postgraduate course (NFQ Level 9) .....                 | <input type="checkbox"/> <sub>1</sub>  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| Honours Bachelor Degree (NFQ Level 8) .....             | <input type="checkbox"/> <sub>2</sub>  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| Ordinary Bachelor Degree (NFQ Level 7) .....            | <input type="checkbox"/> <sub>3</sub>  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| Higher Certificate Course (NFQ Level 6) .....           | <input type="checkbox"/> <sub>4</sub>  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| Post-Leaving Cert Course (NFQ Level 5/6).....           | <input type="checkbox"/> <sub>5</sub>  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| University outside the Republic of Ireland.....         | <input type="checkbox"/> <sub>6</sub>  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| Further education outside the Republic of Ireland ..... | <input type="checkbox"/> <sub>7</sub>  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| Certificate Course (NFQ Level 4) .....                  | <input type="checkbox"/> <sub>8</sub>  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| Certificate Course (NFQ Level 5) .....                  | <input type="checkbox"/> <sub>9</sub>  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| Apprenticeship.....                                     | <input type="checkbox"/> <sub>10</sub> | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| Solas(FÁS), Fáiite Ireland, Teagasc etc. ....           | <input type="checkbox"/> <sub>11</sub> | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| Private Training Course .....                           | <input type="checkbox"/> <sub>12</sub> | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| Youth Reach.....  | <input type="checkbox"/> <sub>13</sub> | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| Other, please specify.....                              | <input type="checkbox"/> <sub>14</sub> | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| None of the above.....                                  | <input type="checkbox"/> <sub>15</sub> | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

**H69. [CARD H69] If any offers, what was the main reason you did not participate in this course?**

- Got a better/preferred offer ..... <sub>1</sub>
- Wasn't interested or didn't think it was for me ..... <sub>1</sub>
- Did not get my preferred course..... <sub>2</sub>
- Did not get location of choice ..... <sub>3</sub>
- Felt I couldn't afford it/ too expensive ..... <sub>5</sub>
- Wanted to travel/have gap year/take time out ..... <sub>6</sub>
- Wanted to do other education/training instead ..... <sub>7</sub>
- Wanted to repeat my Leaving Certificate ..... <sub>8</sub>
- My family didn't encourage me to ..... <sub>9</sub>
- Other (please specify) \_\_\_\_\_ <sub>10</sub>

**If previously participated in or previously applied for further/higher education**

If H57 or H68 = 1, 2, 3, 4, or 5

**H70a. May we have permission to link to the CAO database?**

- Yes ..... <sub>1</sub>                      No ..... <sub>2</sub>

Interviewer: *If yes – please make sure to get CAO consent form signed*

**H70b. When was this application made? \_\_\_\_\_ year**

**H71. How likely do you think it is that you will return to full-time education in the next 5 years?**

- Very likely ..... <sub>1</sub>    Fairly likely ..... <sub>2</sub>    Not very likely ..... <sub>3</sub>    Not at all likely ..... <sub>4</sub>

**J. ATTITUDES TO WORK AND PERCEIVED SKILLS**

**J1. [CARD J1] Here are some aspirations that people might hope to have achieved by the time they are 30.**

**Please choose the three things you would most like to have achieved by the age of 30. [TICK THREE ONLY]**

- a. Have my own home ..... <sub>1</sub>
- b. Have a good job ..... <sub>2</sub>
- c. Be in my 'dream job' ..... <sub>3</sub>
- d. Be in a long-term romantic relationship ..... <sub>4</sub>
- e. Have a child ..... <sub>5</sub>
- f. Have a degree ..... <sub>6</sub>
- g. Have a postgraduate degree ..... <sub>7</sub>
- h. Spent a year (or more) abroad/travelling ..... <sub>8</sub>
- i. Own a car ..... <sub>9</sub>
- j. Be financially secure ..... <sub>10</sub>
- k. Other (please specify) \_\_\_\_\_ ..... <sub>11</sub>

**J2a. What is that job that you would like to have by age 30?**

\_\_\_\_\_

**J2b. Do you think you will have that job by the age of 30?    Yes..... <sub>1</sub>                      No..... <sub>2</sub>**

**J2c. Why not?** \_\_\_\_\_

**J3. [CARD J3] Here are some factors a person might consider when choosing a job. Please choose the three most important things for you personally. [TICK THREE ONLY]**

- a. High income ..... <sub>1</sub>
- b. A job that offered good training opportunities ..... <sub>2</sub>
- c. A job that offered good promotion opportunities ..... <sub>2</sub>
- d. An interesting job ..... <sub>3</sub>
- e. Flexible working hours ..... <sub>4</sub>
- f. Generous holidays/time off ..... <sub>5</sub>

- g. A good step on the career ladder.....6
- h. Be your own boss.....7
- i. A job that allows you to be creative .....8
- j. A job that is useful to society or helps other people .....9
- k. Job security .....10
- l. Opportunity to travel/work abroad.....11
- m. Other (please specify) \_\_\_\_\_12

**J4. [CARD J4] Below is a list of skills and competencies related to work and study. To what extent do you think you have the following competencies at the moment? (Please tick one box on each line).**

1= Not at all.....5= To a great extent

		Not at all	—————→			To a great extent
a.	Good written communication skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	Good oral communication skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c.	Ability to use computers and the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d.	Analytic skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e.	Ability to perform well under pressure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f.	Ability to work well with others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g.	Ability to come up with new ideas and solutions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h.	Ability to write and speak in a foreign language	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i.	Knowledge of the field in which you are studying or working	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j.	Ability to care for an elderly or young person with special needs (whether or not you actual do)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k.	Constructing, assembling or building things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l.	Teaching or instructing children or adults	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m.	Selling products or services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n.	Caring for others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o.	Using tools	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
p.	Managing and organising things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**J5. [CARD J5] And in terms of more general skills for living independently as an adult, do you feel you know how to do the following: Fully; Partly; or Not at all**

Do you feel you know how .....	Fully	Partly	Not at all
a. To open a new bank account	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. To care for clothes, including cleaning them according to the instructions on the label, using a washing machine etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. To tell if fruit and vegetables in a shop are fresh	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. To cook a healthy, balanced meal for two people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. To do basic household tasks such as sort the recycling/rubbish, change a light bulb, clean the toilet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. To get a driver's licence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. To hold a conversation with others and maintain comfortable eye contact	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. To say 'no' to a sales assistant if you're not really interested in what they're selling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. To return something which is faulty under warranty and ask for it to be repaired	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. To keep your cool in conflict situations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. To plan a journey to somewhere you haven't been to before – book	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

flights, figure out train timetables, use a street map, etc			
I. Read and understand a basic contract such as for a pay-monthly phone, rental agreement, a new job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

### K. INCOME AND EXPENDITURE

#### Current Financial Situation – route use of ‘your household’ versus ‘you’ on household type

**K1. [CARD K1] Looking at the Card and thinking of [your/ and your partner’s] total income from all sources, approximately what proportion of your total 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 |

**K2. [CARD K2] [A household/A person] may have different sources of income [and more than one household member may contribute to it]. Concerning [your and your partner’s] total monthly or weekly income, with which degree of ease or difficulty are you and your partner able to make ends meet?**

- |                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| With great difficulty      | With difficulty            | With some difficulty       | Fairly easily              | Easily                     | Very easily                |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

**K3. [CARD K3] Are you/and your partner currently having difficulty meeting any loan or debt repayments (from any source)?**

- |                                       |  |   |  |
|---------------------------------------|--|---|--|
| A lot..... <input type="checkbox"/> 1 | A little..... <input type="checkbox"/> 2 | No difficulty..... <input type="checkbox"/> 3 | No loans..... <input type="checkbox"/> 4 |
|---------------------------------------|--|---|--|

**K4. [CARD K4] From where/whom did you get the loan(s) or debt(s) that you are having difficulty repaying [tick all that apply]?**

- a) Student loan .....  1
- b) Other loan from a financial institution (e.g. bank or credit union)....  2
- c) Rent arrears (to landlord/housemate) .....  1
- d) Payment plan or hire-purchase agreement from a retailer.....  3
- e) Credit card bill.....  4
- f) Registered moneylender .....  5
- g) Unregistered moneylender or ‘loan shark’.....  6
- h) Parent.....  7
- i) Other Relative.....  8
- j) Friend.....  9
- k) Other (please specify).....  10

**K5. [CARD K5] For the following items could you indicate whether or not [you/ and your partner] have 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 |

**K6. Have [you / you and your partner] 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

**K7. Did [you / you and your partner] have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?** Yes  1      No  2

## Disposable income

**K8. What is the average MONTHLY amount AT YOUR DISPOSAL after tax, USC and other statutory deductions from the following sources currently?**

*At your disposal is the money which is meant for monthly consumption, no matter where it was earned or received, from all sources. Please add a '0' if you did not receive any income from a certain source.*

Source	Average MONTHLY amount €
From family/partner	
Income from your job	
Student grant - not to be repaid	
Student loan - to be repaid at some stage	
Social Welfare Payment (incl. Child Benefit, if relevant)	
From other sources, including sports bursaries (please specify)	
<b>Average total income per MONTH</b>	

**K9. What is your partner's average total income per month? € \_\_\_\_\_**

**K10. What is the source of this income (tick all that apply)**

- From family/partner ..... <sub>1</sub>  
 Income from your job ..... <sub>2</sub>  
 Student grant - not to be repaid ..... <sub>3</sub>  
 Student loan - to be repaid at some stage ..... <sub>4</sub>  
 Social Welfare Payment (incl. Child Benefit, if relevant) ..... <sub>5</sub>  
 From other sources, including sports bursaries (please specify) \_\_\_\_\_ <sub>6</sub>

**K11. [Card 11] For each of the following living costs can you please tell us approximately how much: a) you pay personally; b) how much is paid by your parents; and c) how much is paid by you partner per month? Please answer in €**

	How much do you pay personally?	How much is paid by your parents?	How much is paid by your partner?
Rent/campus accommodation fees/mortgage	€	€	€
Utility bills	€	€	€
Savings	€	€	€
Food	€	€	€
Transportation	€	€	€
Communication (telephone, internet etc.)	€	€	€
Health costs (e.g. medical insurance)	€	€	€
Childcare	€	€	€
Debt payment (except mortgage)	€	€	€
Social and Leisure activities	€	€	€
Other regular living costs (clothing, toiletries, tobacco, pets, insurance [except medical insurance])	€	€	€

**K12. [If currently 2,3, 7, 8, 9 or 10 at G1] [Card 12] For each of the following study-related costs can you please tell us approximately how : a) you pay personally; b) how much is paid by your parents; and c) how much is paid by you partner per semester? Please answer in €**

	How much do you pay personally?	How much is paid by your parents?	How much is paid by your partner?
Tuition fees, registration fees, examination fees, administrative fees.	€	€	€
Social welfare contributions to the university/ college and student associations	€	€	€
Learning materials (e.g. books, photocopying, DVDs, field trips)	€	€	€
Other regular study-related costs (e.g. private tutoring, additional courses)	€	€	€



**K13. Would you say that difficulty in finding or affording accommodation ever limits your choices in:**

**(a) work or (b) education:**

	Not at all	A little bit	Some	A lot
<b>(a) work</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>(b) education</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**If living in parental home:**

**K14. Would you prefer to live at home (in your parent's address) or would you prefer to live at a separate address, either by yourself or with friends etc.**

I would prefer to live at parent's address .....<sub>1</sub>      I would prefer to live at my own address .....<sub>2</sub>

**K15 To what extent are you living at home because of financial reasons?**

Mostly financial.....<sub>1</sub>      A little bit to do with finances .....<sub>2</sub>      Nothing to do with finances .....<sub>3</sub>

**K16 [Card K16] There are advantages and disadvantages to living at home with your parent(s). From the following list can you tell me which apply to your situation?**

- a) I don't have to do as many household chores ..... <sub>1</sub>
- b) I save on accommodation costs ..... <sub>2</sub>
- c) I don't have to cook or shop for groceries ..... <sub>3</sub>
- d) This house/apartment is nicer or more convenient than I could afford ..... <sub>4</sub>
- e) I would miss my family if I moved out..... <sub>5</sub>
- f) I can't afford to move out of the family home ..... <sub>6</sub>
- g) I help out with the care of my siblings or parents ..... <sub>7</sub>
- h) I don't have enough privacy..... <sub>8</sub>
- i) I contribute to household chores ..... <sub>9</sub>
- j) I don't have enough living space ..... <sub>10</sub>
- k) I don't have enough independence, e.g. to have friends around, choice of meals etc ..... <sub>11</sub>
- l) I feel like I won't be treated as an adult until I get my own place ..... <sub>12</sub>
- m) Other (please specify)\_\_\_\_\_ ..... <sub>13</sub>

### **B3. 20-year-old Self-complete questionnaire**

## Growing Up in Ireland

Strictly Confidential

Young Adult: Self-Complete Questionnaire –20-year-old

Area  Household  Young Adult Number

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

Time Section Started  (24 hour clock)

Date \_\_\_\_\_  
day      month      year

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

If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

X1. <20-year-old>'s sex: ... Male.....<sub>1</sub> Female .....<sub>2</sub>

X2. <20-year-old>'s date of birth?  day  month  year

### A. Friendship networks, discrimination, ideal partner

**Section A:** This section contains questions on **YOUR FRIENDS AND HOW YOU GET ON WITH THEM.**

**A1. How many friends do you have? [TICK ONE BOX ONLY]**

a. None .....<sub>0</sub>      d. Between 6 and 10 .....<sub>3</sub>  
 b. One or two .....<sub>1</sub>      e. More than 10 .....<sub>4</sub>  
 c. Between 3 and 5 .....<sub>2</sub>

**A2a. How many of your friends would you describe as CLOSE friends?**

None.....<sub>1</sub>      Some .....<sub>2</sub>      All .....<sub>3</sub>

**A2b. Would you say that you can count on your close friends when you need them?**

Always/most of the time<sub>1</sub>..... Some of the time<sub>2</sub>..... Rarely/Never <sub>3</sub>

**A3. In your day-to-day life how often have any of the following things happened to you?**

Almost everyday    At least once a week    A few times a month    A few times a year    Less than once a year    Never

a. You are treated with less courtesy or respect than other people..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

b. You receive poorer service than other people at restaurants or stores. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

c. People act as if they think you are not smart. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

d. People act as if they are afraid of you. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

e. You are threatened or harassed. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

**A4. What do you think is the main reason for these experiences? [TICK ALL THAT APPLY]**

a. Your Gender ..... 1    h. Your Sexual Orientation ..... 8

b. Your Race ..... 2    i. Your Education or Income Level ..... 9

c. Your Age ..... 3    j. A disability you may have ..... 10

d. Your Religion ..... 4    k. Your accent ..... 11

e. Your Height ..... 5    l. How well you speak English ..... 12

f. Your Weight ..... 6    m. Your skin colour ..... 13

g. Some other Aspect of Your Physical Appearance ... 7    n. Your job ..... 14

o. Other ..... 15

**A5. From whom have you experienced this? [TICK ALL THAT APPLY]**

a. Staff in shops..... 1

b. Teachers ..... 2

c. Gardaí (Police) ..... 3

d. Medical professionals ..... 4

e. Employer / boss ..... 5

f. Someone else ..... 6

**A6. Please rate the following items in terms of how important each is in describing your IDEAL long-term partner. Give a rating between 1 (very unimportant) and 7 (very important) to each item.**

	1 Very unimportant	2	3	4	5	6	7 Very important
a. Their Personality	<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
b. Their Looks	<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
c. Their 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	<input type="checkbox"/> 7

**B. Smoking, Alcohol and Drugs**

**Section B:** This section contains questions on SMOKING, DRINKING ALCOHOL AND DRUGS.

The next set of questions is about cigarettes (including roll-ups).

**B1a. Have you ever smoked a cigarette?**(Please only think about cigarettes or cigars, we will ask you separately about 'vaping' and e-cigarettes)

Yes ..... 1    No..... 2    → **go to B2**

**B1b. How old were you when you first smoked a cigarette? \_\_\_\_\_ years**

**B1c. Which of the following best describes you?**

Only ever tried smoking once or twice    Used to smoke but not now    Smoke occasionally    Smoke daily

1    2    3    4

**B1d. About how many cigarettes do you smoke in a week? \_\_\_\_\_**

**B1e. Have you ever tried to give up cigarettes but found that you couldn't?**

Yes ..... 1    No..... 2

**B2a. Have you ever tried an e-cigarette or "vaping"?**

Yes ..... 1    No..... 2

**B2b. How often, if at all, do you currently use an electronic cigarette?**

Daily 1      Less than daily, but at least once a week 2      Less than weekly, but at least once a month 3      Less than monthly 4      Not at all 5

The next questions are about drinking alcohol (this includes beer, wine, alcopops, cider and spirit drinks like vodka).

**B3. Have you ever consumed alcohol?**

Yes ..... 1      No..... 2      **Go to B10a**

**B4. How old were you when you had your first full drink of alcohol – more than a few sips? \_\_\_\_\_ years**

**B5a. How often do you have a drink containing alcohol?**

Never 0      Monthly or less 1      2 - 4 times per month 2      2 - 3 times per week 3      4+ times per week 4

GO TO B10a

**B5b. How many units of alcohol do you have on a typical day when you are drinking? (Please use the separate DRINKOGRAM sheet to help you.)**

1 or 2 0      3 or 4 1      5 or 6 2      7, 8 or 9 3      10 or more 4

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<b>B6a. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>B6b. How often during the last year have you found that you were not able to stop drinking once you had started?</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>B6c. How often during the last year have you failed to do what was normally expected from you because of your drinking?</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>B6d. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>B6e. How often during the last year have you had a feeling of guilt or remorse after drinking?</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>B6f. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<b>No</b>	<b>Yes, but not in the last year</b>	<b>Yes, during the last year</b>		
<b>B7a. Have you or somebody else been injured as a result of your drinking?</b>	<input type="checkbox"/> 0		<input type="checkbox"/> 2		<input type="checkbox"/> 4
<b>B7b. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</b>	<input type="checkbox"/> 0		<input type="checkbox"/> 2		<input type="checkbox"/> 4

**B8a. Where do you drink most of your alcohol? (tick one) Is it . . .**

In your home ..... 1      Someone else's home ..... 2      Pub/club 3      Restaurant ..... 4      Other 5

**B8b. Thinking back over the last three months, when you drank alcohol would you say you drank it mostly**

With friends ..... 1      With family ..... 2      With workmates ..... 2      Alone ..... 2

**B9a. Have you ever tried to give up or reduce the amount you drink?**

Give up 1      Reduce ..... 2      Neither ..... 2      I don't need to ..... 2

**B9b. [if tried to give up or reduce] How successful were you?**

Not at all successful ..... 1      Somewhat successful ..... 2      Very successful ..... 2

The next set of questions is about drugs.

**B10a. Have you ever tried cannabis (also called marijuana, hash, dope, pot, skunk, puff, grass, draw, ganja, spliff, joints, smoke, weed)?**

Yes ..... <sub>1</sub>      No..... <sub>2</sub>      Prefer not to say ..... <sub>3</sub>

**B10b. Which statement describes you the best?**

Only ever tried cannabis once or twice <sub>1</sub>      Used to take cannabis but not now <sub>2</sub>      Take cannabis occasionally <sub>3</sub>      Take cannabis more than once a week <sub>4</sub>      Don't take cannabis <sub>5</sub>

If taking cannabis occasionally or more often:

**B10c. Where do you usually take the cannabis you use? (tick one) Is it . . .**

In your home .... <sub>1</sub>, Someone else's home ..... <sub>2</sub> Pub/club <sub>3</sub> Other..... <sub>4</sub>

**B10d. Thinking back over the last three months, when you took drugs would you say you took them it mostly [Tick all that apply]:**

With friends ..... <sub>1</sub>      With family ..... <sub>2</sub>      With workmates..... <sub>2</sub>      Alone..... <sub>2</sub>

**B11. Have you ever tried inhaling or sniffing aerosols / gas (lighter refills) / glue / solvents? and if yes, have you done it more or less than 5 times in the last year? [TICK ONE BOX ONLY]**

No <sub>1</sub>      Yes, less than 5 times <sub>2</sub>      Yes, more than 5 times <sub>3</sub>

**B12. Have you tried, taken or used any non-prescribed drugs, such as ecstasy, cocaine etc?**

No <sub>1</sub>      Yes, less than 5 times <sub>2</sub>      Yes, more than 5 times <sub>3</sub>

**B13. If yes, which of the following have you taken in the last year? (Tick one box on each line)**

	No	Yes, less than 5 times	Yes, more than 5 times
a. Amphetamines (also called speed, uppers, whizz, sulphate, billy, crystal meth) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Poppers (also called amyl nitrates, liquid gold, rush) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Ecstasy (also called 'E' pills, MDMA) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. LSD (also called acid, tabs, trips, dots) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Magic mushrooms (also called shrooms) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Spanglers (also called spangs) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Cocaine (also called Charlie, 'C', coke) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Crack (also called rock, stone) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. Heroin (also called brown, smack, gear, junk, 'H') .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j. Ketamine (also called Green, K, special K, super K, vitamin K) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
k. Steroids (not prescribed by a doctor) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
l. Zimovane (Zimos) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
m. Benzodiazepines (Benzos) (not prescribed by a doctor).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
n. ADHD medication (Ritalin) (not prescribed by a doctor).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
o. Pain killers (for "recreational" use, not for pain).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
p. Methadone .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
q. Other .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**B14. Have you ever used any other prescription drugs for non-medical purposes, for "recreational" use?**

Yes ..... <sub>1</sub>      No..... <sub>2</sub>

*Only if use cannabis occasionally or more often or other drugs in past year*

**B15a. Have you ever thought you should cut down your drug use?**      Yes... <sub>1</sub>      No ..... <sub>2</sub>

**B15b. Have you ever felt annoyed when people have commented on your use?**      Yes... <sub>1</sub>      No ..... <sub>2</sub>

**B15c. Have you ever felt guilty or badly about your use?**      Yes... <sub>1</sub>      No ..... <sub>2</sub>

**B15d. Have you ever used drugs or alcohol to ease withdrawal symptoms, or to avoid feeling low after drug use?** Yes... <sub>1</sub> No.....<sub>2</sub>

The next questions are about gambling. Please think about how often you play the following in person or online.

	A few times a week	Once a week	Once or twice a month	A few times a year	Never
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**B16a. Do you ever buy lottery tickets such as scratch cards or lotto?** .....<sub>1</sub> .....<sub>2</sub>.....<sub>3</sub>.....<sub>4</sub>.....<sub>5</sub>

**B16b. Do you ever play casino tables or video games for money? games such as craps, blackjack, roulette, slot machines or video poker** .....<sub>1</sub> .....<sub>2</sub>.....<sub>3</sub>.....<sub>4</sub>.....<sub>5</sub>

**B16c. Have you ever played any other games, such as cards or bingo, for money; or bet on horse races or sporting events; or taken part in any other kinds of gambling for money?** .....<sub>1</sub> .....<sub>2</sub>.....<sub>3</sub>.....<sub>4</sub>.....<sub>5</sub>

### C. GENDER IDENTITY AND INTIMATE RELATIONSHIPS

**Section c:** The next set of questions relates to GENDER IDENTITY AND INTIMATE RELATIONSHIPS..

**Routed for girls and only asked of those who had not already started**

**C1. What age were you when you had your first period?** \_\_\_\_\_ years \_\_\_\_\_ months Don't know .....<sub>88</sub>

**C2. How would you describe your sexual orientation? [TICK ONE BOX]**

Heterosexual/straight (sexually attracted to the opposite sex) .....<sub>1</sub>

Gay or Lesbian (attracted to the same sex) .....<sub>2</sub>

Bisexual (attracted to both men and women).....<sub>3</sub>

Questioning/ Not sure.....<sub>4</sub>

Asexual (not attracted to either sex) .....<sub>5</sub>

Don't know.....<sub>6</sub>

Prefer not to say .....<sub>7</sub>

**C3. Would you describe yourself as:** Male.....<sub>1</sub> Female ... <sub>2</sub> Other.....<sub>3</sub> Prefer not to say ... <sub>4</sub>

**C4. Would you describe yourself as transgender?** Yes.....<sub>1</sub> No.....<sub>2</sub> Prefer not to say ... <sub>3</sub>

**C5. Which of the following best describes your current relationship status (Tick one)?**

Single, not dating .....<sub>1</sub>

Casually dating but not exclusive .....<sub>2</sub>

Dating one person .....<sub>3</sub>

Living together (but not engaged or married).....<sub>4</sub>

Engaged (living together or not).....<sub>5</sub>

Married (living together or not) .....<sub>6</sub>

Other.....<sub>7</sub>

**C6. [If 'engaged' or 'married' at C5] Do you live with this person as a couple?**

Yes.....<sub>1</sub> No.....<sub>2</sub> Prefer not to say.....<sub>3</sub>

**C7. [If yes at C6] Since when have you been living together?** \_\_\_\_\_ year \_\_\_\_\_ month

*[If 'dating' or more serious]. Please tell us a little about your boyfriend/girlfriend/partner/spouse.*

**C8a. What is their gender?** Male....<sub>1</sub> Female .....<sub>2</sub> Other .. <sub>3</sub> Prefer not to say .....<sub>3</sub>

**C8b. What age are they?**

- Under 20 ..... 1
- 20 -22 ..... 2
- 23-25 ..... 3
- 26-30 ..... 4
- Over 30 ..... 5
- Prefer not to say ..... 6

**C9. What do you think will be the status of this relationship in five years' time (Tick one)?**

- Dating ..... 1
- Living together as a couple (but not engaged or married) ..... 2
- Engaged (living together or not) ..... 3
- Married (living together or not) ..... 4
- Just friends ..... 5
- I expect to have moved on from this relationship/relationship ended ..... 6
- Don't know ..... 7
- Prefer not to say ..... 8

**C10. How often do the following things happen in your relationship?**

**Never    Seldom    Sometimes    Often    Always**

- a. You tell him/her, what you're thinking ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- b. You share your secrets and private feeling with him/her ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- c. He/She shows recognition for the things you do. .... 1 ..... 2 ..... 3 ..... 4 ..... 5
- d. He/She shows you that he/she respects and likes you .. 1 ..... 2 ..... 3 ..... 4 ..... 5
- e. You are annoyed or angry with each other. .... 1 ..... 2 ..... 3 ..... 4 ..... 5
- f. You disagree and quarrel..... 1 ..... 2 ..... 3 ..... 4 ..... 5

**C11. In total, including your current boyfriend or girlfriend or partner (if relevant), how many girlfriends/boyfriends/partners have you had during the last year?**

- None ..... 0    1 ..... 1    2 ..... 2    3 ..... 3    4+ ..... 4    Prefer not to say ..... 5

**D. SEXUAL EXPERIENCES**

We are now going to ask about your **SEXUAL EXPERIENCES**. We are referring only to things which happened with your consent, with someone around your age (and not with someone you are related to). If you would like to talk with someone about any issues in this area please tell the interviewer you would like someone to call you to discuss these matters with you. Alternatively, the interviewer will be leaving information on helpline and advice numbers with all participants.

	Yes	No	Prefer not to say
D1a. Have you held hands .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D1b. Have you spent time alone .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D1c. Have you kissed .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D1d. Have you cuddled .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>If D1c and D1d are both 'No' – please go to Question D11, otherwise please continue</b>			
D1e. Has someone put their hands under your clothing? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D1f. Have you put your hands under someone else's clothing? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>If D1e and D1f are both 'No' – please go to Question D11, otherwise please continue</b>			
D1g. Have you touched or fondled someone's private parts? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D1h. Has someone touched or fondled your private parts? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>If D1g and D1h are both 'No' – please go to Question D11, otherwise please continue</b>			
D1i. Have you been undressed with your private parts showing? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D1j. Have you had oral sex? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D1k. Have you had sexual intercourse? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**[If yes at D1k] Thinking about your first sexual intercourse**



**D2. Was that person with whom you had first sexual intercourse of the opposite sex or the same sex?**

Opposite sex..... <sub>1</sub>      Same sex..... <sub>2</sub>      Prefer not to say..... <sub>3</sub>

**D3. Which of the following best describes the relationship between you and the other person at the time you had first sexual intercourse?**

You had just met for the first time/ didn't know each other ..... <sub>1</sub>  
You knew each other, but didn't have a steady relationship at the time ..... <sub>2</sub>  
You had a steady relationship at the time ..... <sub>3</sub>  
You were living together (but not married or engaged) ..... <sub>4</sub>  
You were engaged to be married ..... <sub>5</sub>  
You were married ..... <sub>6</sub>  
Prefer not to say ..... <sub>7</sub>

**D4. Still thinking of that time you had first sexual intercourse, did you or your partner use any forms of contraception, including withdrawal and/or emergency contraception?**

Yes <sub>1</sub>      No contraception used by either of us <sub>2</sub>      No contraception used by me, don't know about partner <sub>3</sub>      Not applicable <sub>4</sub>      Don't know <sub>5</sub>      Prefer not to say <sub>6</sub>

**D5. Looking back now to that first time you had sexual intercourse, do you think:**

You should have waited longer before having sex with anyone ..... <sub>1</sub>  
That you should not have waited so long ..... <sub>2</sub>  
That it was about the right time ..... <sub>3</sub>  
Not sure ..... <sub>4</sub>  
Prefer not to say ..... <sub>5</sub>

**D6. Are you still in an intimate relationship with the person with whom you first had sexual intercourse?**

Yes ..... <sub>1</sub>      No..... <sub>2</sub>      Prefer not to say ..... <sub>3</sub>

**D7. With how many different people in total have you had sexual intercourse? \_\_\_\_\_**

Don't know ..... <sub>7</sub>      Prefer not to say ..... <sub>8</sub>

**D8. In general, do you usually use a condom every time you have sexual intercourse?**

Yes, on every occasion..... <sub>1</sub>  
Yes, on most occasions (3/4 of the time)..... <sub>2</sub>  
Yes, roughly half the time ..... <sub>3</sub>  
Yes, on some occasions (1/4 of the time)..... <sub>4</sub>  
No, never..... <sub>5</sub>  
Not currently sexually active ..... <sub>6</sub>  
Not applicable ..... <sub>7</sub>  
Don't know ..... <sub>8</sub>  
Prefer not to say..... <sub>9</sub>

**D9. Do you (or your partner) usually use some form of contraception?**

Always <sub>1</sub>      Sometimes <sub>2</sub>      Never / hardly ever <sub>3</sub>      Not currently sexually active <sub>4</sub>      Not applicable <sub>5</sub>      No as trying to conceive <sub>6</sub>      No as currently pregnant <sub>7</sub>      Don't know <sub>8</sub>      Prefer not to say <sub>9</sub>

**D10. Have you ever had a sexually transmitted disease?**

Never..... <sub>1</sub>  
Once..... <sub>2</sub>  
More than once ..... <sub>3</sub>  
Don't know ..... <sub>4</sub>  
Prefer not to say..... <sub>5</sub>

**Now some questions about your knowledge of sexual health.**

**D11. When during the female monthly cycle of menstrual periods is pregnancy most likely to occur? (tick one)**

Right before the period begins..... <sub>1</sub>  
During the period ..... <sub>2</sub>  
About a week after the period begins ..... <sub>3</sub>

- About two weeks after the period begins..... 4
- Anytime during the month, makes no difference .. 5
- Don't know ..... 6
- Prefer not to say..... 7

**D12. Which of these methods is the most effective for preventing sexually transmitted diseases like AIDS or gonorrhea?**

- Withdrawal ..... 1
- Condom..... 2
- Birth control pill ..... 3
- Good hygiene..... 4
- Dental dam..... 5
- Don't know ..... 6
- Prefer not to say..... 7

### E.CHILDREN

**This section contains questions on CHILDREN YOU MAY HAVE AND PREGNANCY .**

**E1. Do you have any children?**

- Yes ..... 1      No ..... 2      Prefer not to say ..... 3

**Ask if male**

**E2m. Did you ever get a girl pregnant?**

- Yes ..... 1      No ..... 2      Prefer not to say..... 3

**E3m. How many pregnancies?** \_\_\_\_\_

**Ask if female**

**E2af. Are you currently pregnant?**

- Yes ..... 1      No ..... 2      Prefer not to say..... 3

**E2bf. Have you ever been pregnant?**

- Yes..... 1      No ..... 2      Prefer not to say..... 3

**E3f. [If ever pregnant] How many pregnancies have you had, including this pregnancy (if applicable)?** \_\_\_\_\_

**Ask male and female**

**E4. For each pregnancy, please tell us the outcome of each pregnancy. Did pregnancy (#1) result in a:**

- Live birth, child currently living with me..... 1
- Live birth, child currently living elsewhere (including adoption or fostered) ..... 2
- Miscarriage ..... 3
- Stillbirth ..... 4
- Termination ..... 5
- Still Pregnant ..... 6
- Prefer not to say..... 7

**E5. [If any live births] How much did <baby> weigh at birth? \_\_\_lbs \_\_\_ounces **OR** \_\_\_kgs**

**Ask if female**

**E6. Was <baby> ever breastfed (including colostrums)?**

- Yes..... 1      No..... 2

**E7. How old was <baby> when you stopped breastfeeding [Int: Accept answer in Days OR Weeks OR Months]**

\_\_\_\_ Days      Weeks      \_\_\_\_ Months      <Baby> still being breastfed...\_1

**ASK ALL**

**E8 How many children, if any, would you like to have? Include children that you might adopt or foster long-term as well any biological children.**

None	1	2	3	4	5	More than 5	Don't know
<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

**SECTION F**

**F1. Have you experienced any of the following since we interviewed you last,when you were 17/18 [Tick all that apply]**

- a. Death of a parent ..... \_1
- b. Death of a close family member (other than a parent) ..... \_2
- c. Death of close friend ..... \_3
- d. Divorce/separation of parents ..... \_4
- e. Stay in foster home/ residential care ..... \_5
- f. Drug taking/alcoholism in the immediate family ..... \_6
- g. Mental disorder in immediate family ..... \_7
- h. Conflict between parents ..... \_8
- i. Parent in prison ..... \_9
- j. Sibling in prison ..... \_10
- k. Victim of a crime ..... \_11
- l. New parental figure ..... \_12
- m. Breakup with best friend ..... \_13
- n. Breakup with girl/boyfriend ..... \_14
- o. Serious illness/injury ..... \_15
- p. Serious illness/injury of a family member ..... \_16
- q. Serious illness/injury of a friend ..... \_17
- r. None of the above ..... \_18

**F2. If you were a victim of crime at F1k: What type of crime did you experience?**

- a. Your home was broken into ..... \_1
- b. Your car was broken into ..... \_2
- c. Your car/motorbike/bicycle was stolen ..... \_3
- d. You had something stolen from your person ..... \_4
- e. You were assaulted or threatened with assault ..... \_5
- f. You were the victim of fraud or a cybercrime such as having your bank details stolen ..... \_6
- g. Someone posted/threated to post upsetting or very personal information about you online ..... \_7
- h. Something else ..... \_8

**G. FEELINGS ABOUT YOURSELF, YOUR SELF-ESTEEM**

**Section G: This section contains questions on HOW YOU FEEL ABOUT YOURSELF, YOUR SELF-ESTEEM and so on.**

**G1. Below is a list of statements dealing with your general feelings about yourself. Please indicate how much you agree with each statement.**

- |  |                             |                             |                             |                             |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
|  | Strongly Agree              | Agree                       | Disagree                    | Strongly Disagree           |
| a. On the whole, I am satisfied with myself. ....            | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| b. At times, I think I am no good at all. ....               | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| c. I am able to do things as well as most other people. .... | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| d. I certainly feel useless at times. ....                   | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |

- e. All in all, I am inclined to feel that I am a failure. .... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>
- f. I take a positive attitude towards myself. .... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>

**G2. How would you describe yourself? [TICK ONE BOX ONLY]**

- Very skinny ..... <sub>1</sub>
- A bit skinny ..... <sub>2</sub>
- Just the right size ..... <sub>3</sub>
- A bit overweight ..... <sub>4</sub>
- Very overweight ..... <sub>5</sub>

**G3. If you were to describe how satisfied you are with your own life in general how would you rate it on a scale of 0 to 10, 0 meaning you are extremely unsatisfied with your life in general, and 10 meaning that you are extremely satisfied with your life.**

0 Extremely unsatisfied	1	2	3	4	5	6	7	8	9	10. Extremely satisfied
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>

**H FAMILY RELATIONSHIPS**

**Section H: This section contains questions on YOUR FAMILY AND HOW YOU GET ON WITH THEM.**

**H1. Are you in regular contact with your mother (or mother figure)?**

- Yes ..... <sub>1</sub>      No ..... <sub>2</sub>      Mother deceased ..... <sub>3</sub>      Prefer not to say ..... <sub>4</sub>

**H2. If yes, please answer the following questions about how often the following things happen with your mother (or mother figure):**

- |                     |                                       |                                       |                                       |                                       |                                       |
|---------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
|                     | Never                                 | Seldom                                | Sometimes                             | Often                                 | Always                                |
| a. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| b. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| c. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| d. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| e. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| f. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| g. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| h. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**H3. Which of the following best describes your relationship with her?**

- Biological or adoptive mother who lives here ..... <sub>1</sub>      Foster mother ..... <sub>4</sub>
- Biological or adoptive mother who lives elsewhere ..... <sub>2</sub>      Grandmother ..... <sub>5</sub>
- Stepmother ..... <sub>3</sub>      Someone else ..... <sub>6</sub>

**H4. Are you in regular contact with your father (or father figure)?**

- Yes ..... <sub>1</sub>      No ..... <sub>2</sub>      Father deceased ..... <sub>3</sub>      Prefer not to say ..... <sub>4</sub>

**H5. If yes, please answer the following questions about how often the following things happen with your father (or father figure):**

- |                     |                                       |                                       |                                       |                                       |                                       |
|---------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
|                     | Never                                 | Seldom                                | Sometimes                             | Often                                 | Always                                |
| a. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| b. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| c. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| d. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| e. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| f. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| g. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| h. [REDACTED] ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**H6. Which of the following best describes your relationship with him?**

- Biological or adoptive mother who lives here ..... <sub>1</sub>      Foster mother ..... <sub>4</sub>
- Biological or adoptive mother who lives elsewhere ..... <sub>2</sub>      Grandmother ..... <sub>5</sub>
- Stepmother ..... <sub>3</sub>      Someone else ..... <sub>6</sub>

H7. Is there someone in your life you can usually turn to for help and advice?

Yes ..... <sub>1</sub> No ..... <sub>2</sub>

H8. All families have their ups-and-downs. Thinking of a scale from 1 to 10, on average how well would you say that the members of your family get on? '1' means you don't get on at all and '10' means you get on very well.

1 2 3 4 5 6 7 8 9 10.  
 We don't get on at all We get on very well  
<sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> <sub>6</sub> <sub>7</sub> <sub>8</sub> <sub>9</sub> <sub>10</sub>

H9. Do you care for or look after another family member on a regular basis? By 'caring' we mean things like cooking for them, helping them wash or dress, making sure they take medication, supervising them when there is no-one else at home. **If you have children, don't include them unless they need extra help.**

Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**J.MENTAL HEALTH – STRESS; HAPPINESS;DEPRESSION**

**Section J: This section contains questions on HOW YOU FEEL EMOTIONALLY, YOUR MENTAL OR EMOTIONAL HEALTH.**

J1. The next set of questions are about how you have been feeling recently. For each question, please tick how much you have felt or acted this way in the past two weeks. If a sentence was true about you most of the time, tick TRUE. If it was only sometimes true, check SOMETIMES. If a sentence was not true about you, check NOT TRUE.

	True	Sometimes	Not true
a. I felt miserable or unhappy .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. I didn't enjoy anything at all .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. I felt so tired I just sat around and did nothing .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. I was very restless .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. I felt I was no good any more.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. I cried a lot .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. I found it hard to think properly or concentrate .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. I hated myself.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. I was a bad person.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j. I felt lonely .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
k. I thought nobody really loved me.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
l. I thought I could never be as good as other people .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
m. I did everything wrong.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

J2. Below are a number of statements about how you feel about your life. Please indicate how much you think each is true about you, according to the following scale: mostly true about you; somewhat true about you; a little true about you; not at all true about you.

Please read the statements carefully, some of the questions are phrased positively and others negatively. Don't take too long over individual questions; there are no "right" or "wrong" answers (and no trick questions). The first answer that comes into your head is probably the right one for you. If you find some of the questions difficult, please give the answer that is true for you in general or for most of the time.

Mostly true about me    Somewhat true about me    A little true about me    Not true about me

a.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

J3. Please read each statement and tick the box which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

	Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of time	Applied to me very much, or most of the time
a. I was aware of dryness of my mouth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. I experienced trembling (eg, in the hands)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I was worried about situations in which I might panic and make a fool of myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. I felt I was close to panic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. I felt scared without any good reason	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. I found it hard to wind down.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. I tended to over-react to situations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. I felt that I was using a lot of nervous energy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. I found myself getting agitated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. I found it difficult to relax	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. I was intolerant of anything that kept me from getting on with what I was doing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n. I felt that I was rather touchy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**J4a. Have you ever been diagnosed with depression or anxiety by a doctor/ psychologist/ psychiatrist?**

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

**J4b. What were you diagnosed with?**

Depression..... 1 Anxiety.....2 Depression and anxiety .....3

**J4c. Are you currently on or have you ever received any treatment?**

Currently.....1 In the past ..... 2 Never .....3

**J5. Have you ever been diagnosed with another psychological or psychiatric illness/disorder by a doctor/ psychologist/ psychiatrist?**

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

**J6. What were you diagnosed with? (Tick all that apply)**

- a. Eating disorder (e.g. anorexia, bulimia)..... 1
- b. Addiction (e.g. alcohol, drugs, gambling) ..... 2
- c. Stress (not PTSD) ..... 3
- d. Post-traumatic stress disorder (PTSD) ..... 4
- e. Problem with attention or learning ..... 5
- f. Problem with controlling your behaviour..... 6
- g. Personality disorder (e.g. borderline personality disorder) ..... 7
- h. Schizophrenia or other disorder with psychotic symptoms ..... 8
- i. Having physical symptoms thought to have a psychological cause (i.e. 'somatoform disorder') ..... 9
- j. Problems after a brain injury or disease such as amnesia, delirium ..... 10
- k. Dissociative disorder (e.g. "multiple personality disorder") ..... 11
- l. Other psychological or psychiatric disorder ..... 12

**J7. Are you currently on or have you ever received any treatment for this disorder?**

Currently.....1 In the past ..... 2 Never .....3

## K. SELF-HARM

Life has many ups and downs. Sometimes people may feel very upset at times and may want to self-harm. We know this is a sensitive subject, but it is important to ask about it. By finding out about self-harm we may be able to find ways of helping people.

**K1. Have you hurt yourself on purpose in any way IN THE LAST 12 MONTHS?**

Yes .....  <sub>1</sub>      No.....  <sub>2</sub>      Prefer not to say .....  <sub>3</sub>

**K2. How many times have you done this in the last year? Please tick one box only.**

Once      2-5 times      6-10 times      More than 10 times      Don't know      Prefer not to say  
 <sub>1</sub>       <sub>2</sub>       <sub>3</sub>       <sub>4</sub>       <sub>5</sub>       <sub>6</sub>

**K3. What form did this self-harm take on the last time you hurt yourself on purpose [tick all that apply]?**

a. Pills/poison .....	<input type="checkbox"/> <sub>1</sub>	d. Burning .....	<input type="checkbox"/> <sub>4</sub>
b. Cutting .....	<input type="checkbox"/> <sub>2</sub>	e. Other .....	<input type="checkbox"/> <sub>5</sub>
c. Banging/hitting/bruising .....	<input type="checkbox"/> <sub>3</sub>	f. Prefer not to say .....	<input type="checkbox"/> <sub>6</sub>

## L COPING AND SUPPORT

**Section I:** This section contains questions on HOW YOU COPE WITH DIFFICULTIES AND FROM WHOM YOU CAN GET SUPPORT.

**L1.** When something stressful has happened or you know it is about to happen, which of the following do you do to help you to cope:

	Often	Sometimes	Rarely	Never
a. I talk to my friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I discuss the problem with my parents or other family members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. I spend time with people I love even if I don't tell them about my problem	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I consult a professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. I drink alcohol or smoke a cigarette	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. I take some recreational drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. I take a drug that has been prescribed for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. I take a herbal remedy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. I watch more television	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. I 'throw myself' into other activities like work or study	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. I 'take to the bed'	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. I pick an argument with someone so I can vent at them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. I spend time doing things I enjoy, like listening to music or a hobby, to cheer myself up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n. I pray or meditate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o. I exercise or play sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p. I treat myself to something nice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q. I analyse the problem and work out a strategy to deal with it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r. I try and anticipate what challenges might arise and prepare for them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s. I try to 'look on the bright side' of what's happened	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t. I see what I can learn from the experience to help me in the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**L2.** With whom do you talk about personal thoughts and feelings, or about things you wouldn't tell just anyone?

	Yes	No .....	Not Applicable
a. My mother .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. My father .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Step-parent .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Boyfriend/girlfriend/partner .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Brother/sister .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Grandparent .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Other relative .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Friend .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Counsellor or other professional .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Someone else (e.g. work/college, neighbour etc).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. No one .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3



## M CONTACT WITH CRIMINAL JUSTICE SYSTEM

### Section M: This section contains questions on YOUR CONTACT WITH THE CRIMINAL JUSTICE SYSTEM

**M1. Have you ever heard of the Garda Youth Diversion Programme?** Yes.....<sub>1</sub> No.....<sub>2</sub>

**M2. How often in the last year have you or any of your friends done any of the following? [TICK ONE BOX ON EACH LINE]**

	Never	Once or twice	Sever al times	Prefer not to say
a. Taken something from a shop or store without paying for it.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Not paid the correct fare on a bus or train .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Behaved badly in public so that people complained and you got into trouble.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. Stolen or ridden in a stolen car or a van or on a stolen motorbike .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. Taken money or something else that did not belong to you from school .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. Carried a knife or weapon with you in case it was needed in a fight.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. Deliberately damaged or destroyed property that did not belong to you (e.g., windows, cars, streetlights) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. Broken into a house or building to steal something .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i. 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
j. Used force, threats or a weapon to get money or something else from somebody .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
k. Taken money or something else that did not belong to you from your home without permission .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
l. Broken into a car or van to steal something from it .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
m. Deliberately set fire or tried to set fire to someone's property or a building (e.g. school or shed) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
n. Hit, kicked or punched someone on purpose in order to hurt or injure them .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
o. Been involved in a serious physical fight where someone got badly hurt or needed to see a doctor .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
p. Truanted from school.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
q. Purposely hurt or injured a bird or an animal.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**Since we last interviewed you when you were 17/18 years old:**

**M3. Have you been in trouble with the Gardai (excluding minor traffic offences)?** Yes .....<sub>1</sub> No.....<sub>2</sub>

**M4. Have you been cautioned by the Gardai?** Yes .....<sub>1</sub> No.....<sub>2</sub>

**M5. Have you participated in a Garda Juvenile/ Youth Diversion Project?** Yes .....<sub>1</sub> No.....<sub>2</sub>

**M6a. Have you appeared in court (not as a witness)?** Yes .....<sub>1</sub> No.....<sub>2</sub>

**M6b. Have you been found guilty in court for something you did?** Yes .....<sub>1</sub> No.....<sub>2</sub>

**If ever been in trouble with the Gardaí:**

**M7. Why did you get into trouble? (tick all that apply)**

- a. Public disorder/creating a nuisance ..... <sub>1</sub>
- b. Being in a pub after hours ..... <sub>2</sub>
- c. Driving offences ..... <sub>3</sub>
- d. Damaging property/graffiti ..... <sub>4</sub>
- e. Stealing a bicycle ..... <sub>5</sub>
- f. Counterfeit/black market selling..... <sub>6</sub>
- g. Drugs offences..... <sub>7</sub>
- h. Trespassing ..... <sub>8</sub>
- i. Stealing or attempting to steal something from a home, shop or other property..... <sub>9</sub>
- j. Stealing or attempting to steal something from a car or other vehicle ..... <sub>10</sub>
- k. Stealing or attempting to steal something from someone on the street ..... <sub>11</sub>
- l. Taking a car or other vehicle without permission ..... <sub>12</sub>
- m. Fraud or a computer-based crime ..... <sub>13</sub>
- n. Assaulting someone ..... <sub>14</sub>
- o. Something else ..... <sub>15</sub>

## N. INTERNET AND TECHNOLOGY USE

**N1. 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)? For each, please answer separately for weekdays and weekend days. Don't include time you spend online for work but do include leisure time and study.**

	None	Less than 1 hour	1 hour up to 2 hours	2 up to 3 hours	More than 3 hours	Difficult to say but at least some time everyday
a. Online [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
b. Online [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
c. Watching television/films [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
d. Watching television/films [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
e. Playing video/computer games [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
f. Playing video/computer games [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

**N2. How often would you say you 'multi-screen'? That is, use or watch more than one device at a time such as using a smartphone while watching television. (TICK ONE ANSWER).**

- Several times a day      Once a day      Several times a week, but not every day      Once a week or less often      Never
- 1                      2                      3                      4                      5

**[If at least some time spent on internet in N1]. We would like to ask you some more questions about how you use the internet.**

**N3. When you use the internet, what do you use it for? [TICK ALL THAT APPLY]**

- a. Social Media (e.g. Facebook, Twitter, etc.) ..... 1
- b. Music/television/games ..... 2
- c. Virtual casinos/placing bets ..... 3
- d. Pornography ..... 4
- e. News updates (including entertainment or sports news) ..... 5
- f. Messaging/calling friends or family (e.g. Whatsapp, Skype, email) ..... 6
- g. Dating apps ..... 7
- h. Shopping ..... 8
- i. For college work, online tutorials, distance learning ..... 9
- j. Advice on health, relationship or other issues you are concerned about ..... 10
- k. Filling out online application forms for jobs, social welfare, grants etc ..... 11
- l. Searching for information generally (e.g. 'Googling' something) ..... 12
- m. Paying bills and managing money ..... 13
- n. Something else ..... 14

## O REFLECTIONS ON CHILDHOOD

**Section O:** This section contains questions ABOUT REFLECTIONS ON YOUR CHILDHOOD NOW THAT YOU ARE AN ADULT.

**O2. Looking back on your childhood and teenage years, please tell us how much you agree or disagree with the following statements.**

- Strongly Agree      Agree      Slightly Agree      Slightly Disagree      Disagree      Strongly Disagree
- a. Overall my childhood (aged 4-11 years) was happy. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- b. Overall my teenage years (aged 12-18 years) were happy. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

The people responsible for *Growing Up in Ireland* would like to thank you for completing this questionnaire. Some of the issues raised here might have been unpleasant for you to think about or concern activities that put your health and well-being at risk.

If any of these issues apply to you it is important that you talk to someone. If you tell the interviewer at the end of the interview they will put you in touch with someone who can talk to you about the issues in question. Alternatively, you can phone one of the Helplines on the list which will be provided.

**B4. 20-year-old Cognitive test – Fruit naming test**



## GROWING UP IN IRELAND

### STRICTLY CONFIDENTIAL

AREA

H'HOLD

YP No.

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

### Fruit Naming Task

I am going to ask you to name as many things in a particular category as you can in one minute.  
So, can you please name as many types of fruit as you can in one minute, starting now.

Interviewer: please record the respondent's answers with a voice recorder. Use a timer to time one minute.

Do NOT interrupt the respondent

- If respondent is saying names more quickly than you can write them down in full, use abbreviations, a tally or check using your Dictaphone later
- If the respondent gets stuck, say "Can you think of any more?"

1. _____	14. _____	27. _____
2. _____	15. _____	28. _____
3. _____	16. _____	29. _____
4. _____	17. _____	30. _____
5. _____	18. _____	31. _____
6. _____	19. _____	32. _____
7. _____	20. _____	33. _____
8. _____	21. _____	34. _____
9. _____	22. _____	35. _____
10. _____	23. _____	36. _____
11. _____	24. _____	37. _____
12. _____	25. _____	38. _____
13. _____	26. _____	39. _____

TOTAL NUMBER OF FRUITS LESS UNACCEPTABLE ANSWERS AND REPEATS: \_\_\_\_\_

Points to remember:

- Do NOT count repetitions
- Do NOT count redundancies (e.g. green apple, red apple)
- Do NOT count vegetables
- DO count different named varieties (e.g. Pink Lady, Golden Delicious) or dried fruit with distinct name (e.g. raisin)
- DO count fruits that are normally used as vegetables such as tomato, cucumber, avocado (i.e. contain seeds)
- DO count items typically eaten as fruit such as rhubarb, coconut, nuts
- If the respondent names fruits that are unfamiliar to you, give them the benefit of the doubt and count them (e.g. dragon fruit)

**B5. 20-year-old Cognitive test –  
Shipley Abstraction sub-scale**



## GROWING UP IN IRELAND

### STRICTLY CONFIDENTIAL

AREA

H'HOLD

YP No.

Interviewer Name \_\_\_\_\_

Interviewer Number

### Reasoning Task – 12 minutes

Fill in the missing letter, number, or word to complete each sequence. Write only one character for each blank space indicated.

Items can be completed in any order.

*\*Complete the items on this sheet.\**

EXAMPLES				
a.	big little	high low	cold	_ _ _
	big little	high low	cold	<u>hot</u>
b.	1	3	5	_ 9
	1	3	5	<u>7</u> 9

**TEST ITEMS ARE ON THE OTHER SIDE OF THIS PAGE.**

**YOU HAVE 12 MINUTES.**



1. 1      2      3      4      5      \_

2. white black      short long      down \_\_

3. ■      ■      ■      ■

4. ■      ■      ■      ■      ■      ■

5. ■      ■      ■      ■      ■      ■      ■      ■

6. ■■■      ■■■      ■■■■■

■■■■■      ■■■      ■■      ■■

■■■■■ ■      ■■■■      ■■■■      ■■■■■

9. ■■■■      ■■■■      ■■      ■■

■■■■■      ■■■      ■■■■      ■■■■

■■■■■      ■■■■      ■■■■      ■■■■

■■■■■      ■■■      ■■■■      ■■■■      ■■■■

■■■■■■      ■■■■■      ■■■■■      ■■■■■

■■■■      ■■      ■■

15. ■■■■      ■■■■      ■■■■      ■■■■

■■■■      ■      ■■      ■■

■■■■■■■■■■      ■■■■■■      ■■■■■■■■

■■■■      ■■      ■■

■■■■■      ■■■      ■■■■      ■■■■

20. ■■■■■■      ■■■■■■      ■■■■■■

■■■■■      ■      ■■      ■■      ■      ■■      ■■

■■■■■      ■■      ■■      ■■      ■■

■■■■■■■■■■      ■■■■■■■■      ■■■■■■■■      ■■■■■■■■

24. ■■      ■■■      ■■

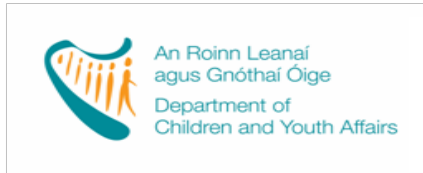
25. ■■■■■■      ■■■■      ■■■■■■      ■■■■■■

**B6. 20-year-old one-day time-use drop off**





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



Trinity College Dublin  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin

C4P

AREA

HHOLD

YP No

Interviewer Name \_\_\_\_\_

Interviewer Number

**GROWING UP IN IRELAND**

**Time-Use Diary**

**STRICTLY CONFIDENTIAL**

As part of the *Growing Up in Ireland* project we would like to record details on how 20-year-olds in Ireland spend their time.

We would like you to complete this Time-use Diary, as shown by the interviewer.

Simply mark the booklet on pages 4 and 5 to indicate what you were doing for each quarter hour in the day. To do this draw an arrow through the relevant 15 minute slots to indicate what you were doing.

If you were engaged in a number of activities in any given 15-minute time period we would like you to record your MAIN activity – for example, if at some time in the course of the day you were watching TV and also eating a snack and if you considered your main activity to have been watching the TV at that time then record this in Line 16 – Watching TV, Films, Videos or DVDs - rather than in Line 3 on Eating.

Once again we would like to assure you that all of the information provided will be treated in the strictest confidence and will not be revealed in any way which could be associated with your name or address.

**TIME-USE DIARY**

*Day on which we would like this diary to be completed:*

**DAY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**T1. Please record the day and date of the Time-use Diary Day, i.e. the day the activities relate to:**

Day: \_\_\_\_\_ Date: \_\_\_\_\_  
DD/MM

**T2. Was this:**

- A work day .....  1
- A college day .....  2
- A weekend day .....  3
- A holiday or family celebration.....  4
- A day when something special was happening in your home (someone was sick/visiting, a family crisis, etc.) ....  5

**T3. When did you fill in the diary? Please tick (✓) one box.**

- Now and then during the diary day.....  1
- At the end of the diary day.....  2
- The day after the diary day.....  3
- Later.....  4

→ **T4. About how many days after? \_\_\_\_\_ days**

**PLEASE RETURN THIS COMPLETED TIME-USE DIARY AND FOOD FREQUENCY QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE TO THE ECONOMIC AND SOCIAL RESEARCH INSTITUTE.**

**THE ASSISTANCE OF YOU AND YOUR FAMILY IN THE *GROWING UP IN IRELAND* PROJECT IS GREATLY APPRECIATED AND WILL HOPEFULLY HELP ALL YOUNG ADULTS IN IRELAND OVER THE COMING YEARS.**

## Time Use Diary (20-year study)

### Worked Example

The purpose of the Time-Use Diary is to record details on the way you use your time on the reference day specified on the front of this questionnaire. We would like you to fill it out at some point in the course of that day or the following.

The Time-Use Diary records what you did for each 15-minute slot in the reference day.

To fill out the Time-Use Diary we would like you to start at Midnight (00.00am) and draw an arrow through the boxes to indicate what you were doing for each 15-minute period.

In the worked example overleaf the Young Person's day was as follows:

- Sleeping until 8.00am (arrow from midnight to 8.00am shows sleeping) [Line 1]
- Personal care – getting washed and dressed – from 8.00-8.15 am. [Line 2]
- Eating breakfast from 8.15-8.30 am. [Line 3]
- Travelling to work from 8.30 to 9.00am. [Line 4]
- At work from 9.00am until 5.00pm. [Line 6]
- Travelling home from 5.00-5.30pm. [Line 4]
- Having a meal from 5.30-6.00pm on arriving home. [Line 3]
- Attending a football match from 6.00-7.00pm. [Line 11]
- Watching TV from 7.00-8.00pm. [Line 16]
- Having a meal (dinner) from 8.00-8.30 pm. [Line 3]
- Reading a book from 8.30 to 9.00pm. [Line 18]
- Playing computer games from 9.00 – 10.30pm. [Line 13]
- Personal care – taking a shower – from 10.30-10.45pm. [Line 2]
- Going to bed and sleeping from 10.45pm to midnight [Line 1]

*[This example is not intended to suggest that the 20-year-old should do these activities. It is included only to show how the Time-Use diary is filled out.]*

**We would like you to fill out the Time-Use Diary in the same way as the example above to show how you spent your time on the day specified on the front of the Time Use Diary.**

Activity	00.00 am		01.00 am		02.00 am		03.00 am		04.00 am		05.00 am		06.00 am		07.00 am		08.00 am		09.00 am		10.00 am		11.00 am	
	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45
1. SLEEPING / RESTING (including time trying to get to sleep, trying to get up)																								
2. PERSONAL CARE OR GETTING READY (showering, washing, dressing, brushing teeth or hair, doing make-up, getting changed or ready for work/college, for training, for going out or for going to bed)																								
3. EATING (breakfast, lunch, dinner, tea)																								
4. TRAVELLING (to or from work/college or elsewhere)																								
5. AT COLLEGE																								
6. AT WORK																								
7. DOING COLLEGE WORK OR STUDYING																								
8. JUST HANGING AROUND WITH FRIENDS (outsider or inside)																								
9. SPENDING TIME WITH FAMILY																								
10. AT THE GYM, PLAYING SPORT OR DOING PHYSICAL EXERCISE (training, matches)																								
11. ATTENDING A SPORTS EVENT																								
12. USING THE INTERNET / EMAILING (including social networking, browsing etc)																								
13. PLAYING COMPUTER GAMES (e.g. Playstation, PSP, X-Box or Wii)																								
14. TALKING ON THE PHONE OR TEXTING																								
15. MUSIC LESSONS (OR PRACTICING MUSIC), DRAMA, CLASSES ETC																								
16. WATCHING TV, FILMS, VIDEOS OR DVDS																								
17. LISTENING TO MUSIC																								
18. READING FOR PLEASURE OR INTEREST (not for work or college/study)																								
19. HOUSEWORK (preparing food, tidying bedrooms, feeding pets)																								
20. HOBBIES AND OTHER LEISURE ACTIVITIES																								
21. OUT SHOPPING TO BUY THINGS (groceries, clothes etc.)																								
22. GOING TO DISCOS OR BARS, ETC.																								
23. GOING TO PARTY OR OTHER SOCIAL EVENT (in people's houses)																								
24. OTHER (SPECIFY) _____																								

am

pm

Activity	12.00 noon		01.00 pm		02.00 pm		03.00 pm		04.00 pm		05.00 pm		06.00 pm		07.00 pm		08.00 pm		09.00 pm		10.00 pm		11.00 pm	
	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45
1. SLEEPING / RESTING (including time trying to get to sleep, trying to get up)																								
2. PERSONAL CARE OR GETTING READY (showering, washing, dressing, brushing teeth or hair, doing make-up, getting changed or ready for work/college, for training, for going out or for going to bed)																								
3. EATING (breakfast, lunch, dinner, tea)																								
4. TRAVELLING (to or from work/college or elsewhere)																								
5. AT COLLEGE																								
6. AT WORK																								
7. DOING COLLEGE WORK OR STUDYING																								
8. JUST HANGING AROUND WITH FRIENDS (outsider or inside)																								
9. SPENDING TIME WITH FAMILY																								
10. AT THE GYM, PLAYING SPORT OR DOING PHYSICAL EXERCISE (training, matches)																								
11. ATTENDING A SPORTS EVENT																								
12. USING THE INTERNET / EMAILING (including social networking, browsing etc)																								
13. PLAYING COMPUTER GAMES (e.g. Playstation, PSP, X-Box or Wii)																								
14. TALKING ON THE PHONE OR TEXTING																								
15. MUSIC LESSONS (OR PRACTICING MUSIC), DRAMA, CLASSES ETC																								
16. WATCHING TV, FILMS, VIDEOS OR DVDS																								
17. LISTENING TO MUSIC																								
18. READING FOR PLEASURE OR INTEREST (not for work or college/study)																								
19. HOUSEWORK (preparing food, tidying bedrooms, feeding pets)																								
20. HOBBIES AND OTHER LEISURE ACTIVITIES																								
21. OUT SHOPPING TO BUY THINGS (groceries, clothes etc.)																								
22. GOING TO DISCOS OR BARS, ETC.																								
23. GOING TO PARTY OR OTHER SOCIAL EVENT (in people's houses)																								
24. OTHER (SPECIFY) _____																								

<b>Activity (AM)</b>	<b>00.00 am</b>			<b>01.00 am</b>			<b>02.00 am</b>		
	<b>15</b>	<b>30</b>	<b>45</b>	<b>15</b>	<b>30</b>	<b>45</b>	<b>15</b>	<b>30</b>	<b>45</b>
1. SLEEPING / RESTING (including time trying to get to sleep, trying to get up)									
2. PERSONAL CARE OR GETTING READY (showering, washing, dressing, brushing teeth or hair, doing make-up, getting changed or ready for work/college, for training, for going out or for going to bed)									
3. EATING (breakfast, lunch, dinner, tea)									
4. TRAVELLING (to or from work/college or elsewhere)									
5. AT COLLEGE									
6. AT WORK									
7. DOING COLLEGE WORK OR STUDYING									
8. JUST HANGING AROUND WITH FRIENDS (outside or inside)									
9. SPENDING TIME WITH FAMILY									
10. AT THE GYM, PLAYING SPORT OR DOING PHYSICAL EXERCISE (training, matches)									
11. ATTENDING A SPORTS EVENT									
12. USING THE INTERNET / EMAILING (including social networking, browsing etc)									
13. PLAYING COMPUTER GAMES (e.g. Playstation, PSP, X-Box or Wii)									
14. TALKING ON THE PHONE OR TEXTING									
15. MUSIC LESSONS (OR PRACTICING MUSIC), DRAMA, CLASSES ETC									
16. WATCHING TV, FILMS, VIDEOS OR DVDS									
17. LISTENING TO MUSIC									
18. READING FOR PLEASURE OR INTEREST (not for school/college/study)									
19. HOUSEWORK (preparing food, tidying bedroom, feeding pets)									
20. HOBBIES AND OTHER LEISURE ACTIVITIES									
21. OUT SHOPPING TO BUY THINGS (groceries, clothes etc).									
22. GOING TO DISCOS OR BARS, ETC.									
23. GOING TO PARTY OR OTHER SOCIAL EVENT (in people's houses)									
24. OTHER (SPECIFY) _____									
<b>Activity (PM)</b>	<b>12 noon</b>			<b>01.00 pm</b>			<b>02.00 pm</b>		
	<b>15</b>	<b>30</b>	<b>45</b>	<b>15</b>	<b>30</b>	<b>45</b>	<b>15</b>	<b>30</b>	<b>45</b>
1. SLEEPING / RESTING (including time trying to get to sleep, trying to get up)									
2. PERSONAL CARE OR GETTING READY (showering, washing, dressing, brushing teeth or hair, doing make-up, getting changed or ready for work/college, for training, for going out or for going to bed)									
3. EATING (breakfast, lunch, dinner, tea)									
4. TRAVELLING (to or from work / college or elsewhere)									
5. AT COLLEGE									
6. AT WORK									
7. DOING COLLEGE WORK OR STUDYING									
8. JUST HANGING AROUND WITH FRIENDS (outside or inside)									
9. SPENDING TIME WITH FAMILY									
10. AT THE GYM, PLAYING SPORT OR DOING PHYSICAL EXERCISE (training, matches)									
11. ATTENDING A SPORTS EVENT									
12. USING THE INTERNET / EMAILING (including social networking, browsing etc)									
13. PLAYING COMPUTER GAMES (e.g. Playstation, PSP, X-Box or Wii)									
14. TALKING ON THE PHONE OR TEXTING									
15. MUSIC LESSONS (OR PRACTICING MUSIC), DRAMA, CLASSES ETC									
16. WATCHING TV, FILMS, VIDEOS OR DVDS									
17. LISTENING TO MUSIC									
18. READING FOR PLEASURE OR INTEREST (NOT FOR SCHOOL/COLLEGE/STUDY)									
19. HOUSEWORK (preparing food, tidying bedroom, feeding pets)									
20. HOBBIES AND OTHER LEISURE ACTIVITIES									
21. OUT SHOPPING TO BUY THINGS (groceries, clothes etc).									
22. GOING TO DISCOS OR BARS, ETC.									
23. GOING TO PARTY OR OTHER SOCIAL EVENT (in people's houses)									
24. OTHER (SPECIFY) _____									

Activity	03.00 am			04.00 am			05.00 am			06.00 am			07.00 am			08.00 am			09.00 am			10.00 am			11.00 am				
	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30
1. SLEEPING																													
2. PERS. CARE																													
3. EATING																													
4. TRAVELLING																													
5. COLLEGE																													
6. WORK																													
7. STUDY																													
8. FRIENDS																													
9. FAMILY																													
10. EXERCISE																													
11. SPORT EVE.																													
12. INTERNET																													
13. COMP. GAME																													
14. PHONE																													
15. CLASSES																													
16. TV, FILMS																													
17. MUSIC																													
18. READING																													
19. HOUSEWORK																													
20. HOBBIES																													
21. SHOPPING																													
22. BARS																													
23. PARTY																													
24. OTHER																													

Activity	03.00 pm			04.00 pm			05.00 pm			06.00 pm			07.00 pm			08.00 pm			09.00 pm			10.00 pm			11.00 pm				
	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30	45	15	30
1. SLEEPING																													
2. PERS. CARE																													
3. EATING																													
4. TRAVELLING																													
5. COLLEGE																													
6. WORK																													
7. STUDY																													
8. FRIENDS																													
9. FAMILY																													
10. EXERCISE																													
11. SPORT EVE.																													
12. INTERNET																													
13. COMP. GAME																													
14. PHONE																													
15. CLASSES																													
16. TV, FILMS																													
17. MUSIC																													
18. READING																													
19. HOUSEWORK																													
20. HOBBIES																													
21. SHOPPING																													
22. BARS																													
23. PARTY																													
24. OTHER																													

**Thank you for taking the time to complete this questionnaire. Please return this completed Time-Use Diary Questionnaire in the pre-paid envelope provided to the Economic and Social Research Institute.**



**Growing Up  
in Ireland**

National Longitudinal  
Study of Children

## **B7. Parent Main questionnaire**

**Growing Up in Ireland**

Strictly Confidential

Parent/Guardian One – Main Questionnaire –20-year-old Cohort

Area  Household  Child number

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

Date \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

Almost three 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 for a follow-up interview to see how things have changed over the last few years. We are now seeking to interview <20-year-old> and, if they are still resident here, the parent who was interviewed at the last interview - <NAME OF PARENT>.

The whole interview with <20-year-old> and <his/her> parent will take about 2 - 2½ hours to complete [Interviewer: Adjust as appropriate for you in the field].

As with the previous interviews, all the information given to a *Growing Up in Ireland* interviewer in the course of the survey is treated in the strictest confidence. However, if the interviewer observes something or is told something other than in answer to direct survey questions which causes them or the people running the Study to have serious concerns for the welfare of the 20-year-old or any other person, they may have to tell someone who can help.

*Growing Up in Ireland* is the national longitudinal study of children in Ireland. It is funded by the Department of Children and Youth Affairs, with a contribution from The Atlantic Philanthropies in Phase 2. The study is managed and overseen by the Department of Children and Youth Affairs in association with the Central Statistics Office. It is carried out by a consortium of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin.



**XA1. Last time we spoke this was <20-year-old>'s MAIN address. Is this still what you consider to be <20-year-old>'s MAIN address?**

Yes .....  <sub>1</sub> GO TO XA4      No .....  <sub>2</sub>

**XA2. Is <20-year-old> living elsewhere in the Republic of Ireland?**

Yes.....  <sub>1</sub>      No, emigrated/living abroad .....  <sub>2</sub>      No, other (specify).....  <sub>2</sub>

**XA3. Can you give me <20-year-old>'s new MAIN address where we can attempt to interview him/her?**

Int: Explain that you would like to interview 20-year-old at new MAIN address and Parent at current address.  
**Record new address on Work Assignment Sheet and continue interview**

**XA4. Does <20-year-old> have any other temporary or part-time addresses – for example, student or work address during the week or during term-time? DO NOT INCLUDE HOLIDAY HOMES.**

Yes.....  <sub>1</sub>      No .....  <sub>2</sub> GO TO A1

**XA5. [CARD XA5] How would you describe <20-year-old's> household at this other temporary or part-time address?**

- Lives alone in a house/flat .....  <sub>1</sub>
- Lives in a house/flat with other relative(s) only .....  <sub>2</sub>
- Lives in a house/flat-sharing arrangement with other adult(s) including relatives and non-relatives .....  <sub>3</sub>
- Lives in 'digs' .....  <sub>4</sub>
- Campus or designated student accommodation .....  <sub>5</sub>
- Other (please specify) .....  <sub>6</sub>

**XA6. On average, how many nights per month does < 20-year-old > sleep in the parental home?**

\_\_\_\_\_ (no.of nights per month)

**Section A – Household Composition**  
**20-YEAR-OLD'S MAIN ADDRESS IS PARENTAL HOME**

A1a. I'd like to begin by speaking to <parent one at 17 years>. Is <parent one at 17 years> still resident in the household?

Yes..... <sub>1</sub> No..... <sub>2</sub> → Go to A7a

A1b. Do you have a spouse/partner who lives here with you in the household?

Yes..... <sub>1</sub> No..... <sub>2</sub>

A1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at 17 years] 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.

**\*\*\*The name, sex, date of birth, and relationship of each person to the <primary respondent at time 17 years> and <20-year-old> will be checked and edited where necessary and their residency in the household at 20 years confirmed.\*\*\***

No.	First name	Sex M F	Date of Birth ____ _	Age If DOB not availa ble	Still resident?		Relationship of each member to Parent 1 and 20-year-old.		(E) Show Card PES							
					Y	N	R'SHIP TO: CARD REL	R'SHIP TO: CARD REL	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other	
					<input type="checkbox"/>	<input type="checkbox"/>	Parent 1	20-year-old								
1		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	____ _		<input type="checkbox"/>	<input type="checkbox"/>	///									
2		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	____ _		<input type="checkbox"/>	<input type="checkbox"/>	///									
3		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	____ _		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	____ _		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	____ _		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	____ _		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	____ _		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	____ _		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer: Parent should be on line 1.

20-year-old should be on line 2. Parent Two on line 3 (if relevant).

**[BLAISE CONDITION: IF ANY PERSON RESIDENT AT 17 YEARS IS NO LONGER RESIDENT IN THE HOUSEHOLD AT 20 YEARS: ASK QUESTIONS AS1 – AS3 ON THE SENSITIVE QUESTIONNAIRE]**  
 [INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID AT 17 YEARS - ADD THEM TO THE NEW GRID BELOW]

**A3a. Is anyone else currently living with you in the household whom we have not recorded above?**

Yes..... <sub>1</sub>                      No..... <sub>2</sub>      →      Go to A4

No	First Name	Sex		Date of Birth	Age If DOB not available	Relationship of each member to Parent and 20-year-old		Since when have they been living with you		Resident Y/N	Show Card PES						
		M	F			Parent (Card REL)	20-year-old (Card REL)	Month	YEAR		Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
21		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	----							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
22		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	----							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
23		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	----							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
24		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	----							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
25		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	----							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
26		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	----							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
27		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	----							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
28		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	----							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

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

**A4. So that's a total of \_\_\_\_\_ people who live here in the household at present. Is that correct?**

Yes..... <sub>1</sub>                      No..... <sub>2</sub>      →      [INT: Check Household Grid]

**[ASK ONLY IF <PRIMARY CARER AT 17 YEARS> IS STILL RESIDENT IN THE HOUSEHOLD AT 20 YEARS.**

**A5. When we last spoke in [MM/YY], we interviewed you as parent one of <20-year-old>. We would like you to complete the Parent questionnaire with us on this occasion as well. Is that ok?**

Yes..... <sub>1</sub>      Go to A9a                      No..... <sub>2</sub>

**A6a. Why is that? -----**  
 -----

**IF PRIMARY CAREGIVER FROM 17 YEARS HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A1b ABOVE] THEN:**

**A6b. You mentioned that <spouse/partner> [identified at A1b above] lives here with you as part of the household. This means that we should interview him/her as the parent of <20-year-old> on this occasion. Is that correct?**

Yes ..... <sub>1</sub>                      No..... <sub>2</sub>

**Go to A9a**

**IF RESPONDENT TO HOUSEHOLD SECTION AT 17 YEARS IS NO LONGER RESIDENT IN THE HOUSEHOLD AT 20 YEARS ASK A7a -**

**A7a. [CARD A7a] Can you please tell me which of the following best describes your relationship to <20-year-old>?**

[Interviewer use codes only]

- Biological mother/ father ..... 1 Grand parent ..... 5  
 Adoptive mother/ father ..... 2 Aunt/uncle ..... 6  
 Step-mother / Step-father / Partner of child's parent .... 3 Other relative/ in law ..... 7  
 Foster mother / father ..... 4 Unrelated guardian ..... 8

**A7b. 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 <20-year-old>) live here regularly as members of the household? \_\_\_\_\_ persons**

No.	First name/Initial	Sex M F	Date of Birth	Age If DOB not available	If not resident at 17 years of age		Relationship of each member to Parent and 20-year-old	(E) Show Card PES								
					Was this Person Resident at 17 year survey?	Was person born into h'hold or joined for other reason?		R'SHIP TO: CARD REL Parent	R'SHIP TO: CARD REL 20-year-old	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
					Y N	Born into Hhold Other Reason										
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"/> 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"/> 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"/> 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"/> 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"/> 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						
56		<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"/> 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						
57		<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"/> 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						
58		<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"/> 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						

**A9a. Does <20-year-old> have any full / half / step / adoptive brother(s) or sister(s) who live outside the household?**

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

**A9b. How many full / half / step / adoptive brother(s) or sister(s) does <20-year-old> have who live outside the household? \_\_\_\_\_ persons**

**A9c. [CARD A9C] For each full/half/step brother/sister who lives outside the household, can you tell me:**

**(a) their sex; (b) their Date of Birth (DOB); and (c) their relationship to <20-year-old>**

- |     |                            |                            |               |                               |
|-----|----------------------------|----------------------------|---------------|-------------------------------|
|     | Male                       | Female                     | Date of Birth | Relationship to <20-year-old> |
| 1.  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | ___/___/___   |                               |
| 2.. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | ___/___/___   |                               |
| 3.  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | ___/___/___   |                               |

**X1. Respondent's sex:** Male..... 1 Female ..... 2

X2. Respondent's date of birth:   day   month     year

**SECTION B: PARENT'S HEALTH**

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

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

- Excellent ..... <sub>1</sub>
- Very Good ..... <sub>2</sub>
- Good ..... <sub>3</sub>
- Fair ..... <sub>4</sub>
- Poor ..... <sub>5</sub>

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

- Yes ..... <sub>1</sub>
- No ..... <sub>2</sub>

**B3. Are you covered by private medical insurance?**

- Yes ..... <sub>1</sub>
- No ..... <sub>2</sub>

**B4. Does that insurance include the cost of GP visits?**

- Yes, in full ..... <sub>1</sub>
- Yes, partially ..... <sub>2</sub>
- No ..... <sub>3</sub>

**B5. Is <20-year-old> covered by a medical card?**

- Yes, full card ..... <sub>1</sub>
- Yes, doctor only card ..... <sub>2</sub>
- Not covered ..... <sub>3</sub>

**B6. Is <20-year-old> covered by private medical insurance?**

- Yes ..... <sub>1</sub>
- No ..... <sub>2</sub>

**B7. Does that insurance include the cost of GP visits?**

- Yes, in full ..... <sub>1</sub>
- Yes, partially ..... <sub>2</sub>
- No ..... <sub>3</sub>

**SECTION C: FAMILY CONTEXT**

Now some questions about your relationship with <20-year-old>.

**C1. Is <20-year-old> still in education, finished within the last six months or left education more than six months ago?**

- Still in education ..... <sub>1</sub>
- Finished in last six months ..... <sub>2</sub>
- Left education more than six months ago ..... <sub>3</sub>

**C2. [CARD C2] [If YP still in education or finished in last 6 months] In this/most recent college year, how often have you or your spouse/partner (where relevant) done the following with <20-year-old>: [int: if <20-year-old> has only just finished school, the question refers to school]**  
**(Please tick ONE box on each line.)**

- |  | Never or<br>hardly<br>ever            | A few<br>times a<br>year              | About<br>once a<br>month              | Several<br>times a<br>month           | Several<br>times a<br>week            |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Discussed how he/she is getting on with different subjects at college? .....                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| b. Asked how he/she is coping with the amount of work (course-work etc) for his/her courses? ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| c. Asked how he/she is getting on with teachers/lecturers? .....                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| d. Discussed his/her plans for the future? .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| e. Asked how he/she is getting on with friends? .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| f. Discussed how he/she did in tests or exams? .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**C3. [CARD C3] Looking at Card C3, taking everything into account, how far do you expect <20-year-old> will go in his/her education or training? Include the possibility that he/she will return to education.**

- 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

**C4. [CARD C4] The following are some questions about how much <20-year-old> actually tells you about what he/she is doing, without being asked.**

- |  | Almost<br>never or<br>never | Not<br>very<br>often       | Sometimes                  | Often                      | Almost<br>always or<br>always | N/A                        |
|--|-----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|
| a. Does he/she spontaneously tell you about his/her friends. ....  | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5    | <input type="checkbox"/> 6 |
| b. Does/did he/she want to tell you about college/work .....   | <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. Does he/she keep a lot of secrets from you about what he/she is<br>doing in his/her spare time .....            | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5    | <input type="checkbox"/> 6 |
| d. Does he/she hide a lot from you about what he/she is doing during<br>nights and weekends .....                  | <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. Does he/she like to tell you what he/she has been doing and where<br>he/she went when out for the evening ..... | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5    | <input type="checkbox"/> 6 |

## SECTION D: 20-YEAR-OLD'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the 20-year-old's emotional health and well-being.

**D1. [CARD D1] Listed on card D1 are a number of personality traits that may or may not apply to your child. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to him/her, even if one characteristic applies more strongly than the other.**

I see my child as:

- |   | Disagree<br>strongly       | Disagree<br>moderately     | Disagree<br>a little       | Neither agree<br>nor disagree | Agree<br>a little          | Agree<br>moderately        | Agree<br>strongly          |
|---|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|----------------------------|
| a. Extroverted, enthusiastic .....        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| b. Critical, quarrelsome .....            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| c. Dependable, self-disciplined .....     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| d. Anxious, easily upset .....            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| e. Open to new experiences, complex ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| f. Reserved, quiet .....                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| g. Sympathetic, warm .....                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| h. Disorganized, careless .....           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| i. Calm, emotionally stable .....         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| j. Conventional, uncreative .....         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

**D2. [CARD D2] Could you tell me whether or not you would describe the following as an immediate major concern or worry for you about <20-year-old>?**

- |  | Yes                        | No                         |
|--|----------------------------|----------------------------|
| a. How well he/she will do in education .....                          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. He/she has or will develop a drink problem .....                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. He/she has or will develop a drug problem .....                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. He/she is or will get involved with the wrong type of friends ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. He/she has or will have an unhappy relationship .....               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**D3.[CARD D3] Over the last 3 months, about how often have you:**

	Almost every day	Several times a week or more	About once a week	1 to 3 times a month	Once a month or less	Never	Have not seen in last 3 months	Don't Know/No answer.
a.Spent time with <20-year-old> in leisure activities, working on something together, or just having private talks?	<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
b.Had a meal together with (him/her)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
c.Had an especially enjoyable time with (him/her)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
d.Argued or fought or had a lot of difficulty with (him/her)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**D4. [CARD D4] In the last three months, how often have you and <20-year-old> had open disagreements about each of the following?**

	Never or rarely	Once a month or less	Several times a month	About once a week	Several times a week	Almost every day	No contact with child in last three months	Not applicable
a. how he/she dresses	<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
b.(his/her) boyfriend/girlfriend	<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
c.(his/her) friends	<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
d.(him/her) getting a job or a better job	<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
e.(his/her) sexual behavior	<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
f.(his/her) drinking, smoking, or drug use	<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
g.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	<input type="checkbox"/> 7	<input type="checkbox"/> 8
h.(his/her) helping around the house	<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
i.how late (he/she) stays out at 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	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**SECTION E: PARENT'S SOCIO-DEMOGRAPHICS**

Now some questions about the circumstances of your household.

**E1. [CARD E1] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?**

- Owned outright (without a mortgage) ..... 1
- Owned with a mortgage..... 2
- Being purchased from a Local Authority under a Tenant Purchase Scheme ..... 3
- Rented from a Local Authority ..... 4
- Rented from a Voluntary Body ..... 5
- Rented from a Private Landlord..... 6
- Living with and paying rent to your (or your partner's) parent(s) ..... 7
- Occupied free of rent with your (or your partner's) parent(s) ..... 8
- Occupied free of rent from your (or your partner's) job ..... 9
- Emergency accommodation ..... 10

**E2. [CARD E2] Which of these descriptions BEST describes your usual situation in regard to work?**

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as '0']

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

**E3. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs.** \_\_\_\_\_ hours

**E4. [CARD E4] What is your occupation in your main job?**

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

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

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

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

**Write in your main OCCUPATION**

**E5. Do you supervise or manage any personnel in your job?**

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

**E6. How many?** \_\_\_\_\_

[Ask if self-employed or farmer at E2]

**E7. How many employees (if any) do you have?** \_\_\_\_\_ employees [Interviewer: type in 0 if none]

**E8. [Ask only if Farmer at E2.] How many acres do you farm?** \_\_\_\_\_ acres \_\_\_\_\_ hectares

**E9. Apart from holiday or casual work, have you ever had a job?** Yes ..... 1 No .. 2

**E10. In what year did you last work in that full-time job?** \_\_\_\_\_ year

**E11. When you last worked in that full-time job were you?**

Employee (incl. apprenticeship  
or Community Employment) ..... 1 Self-employed outside farming ..... 2 Farmer ..... 3

**E12. [CARD E12] What was your occupation in your main job?**

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

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

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

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

**Write in your main OCCUPATION**

**E13. Did you supervise or manage any personnel in your job?**

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

**E14. How many?** \_\_\_\_\_



[Ask if self-employed or farmer at E11]

E15. How many employees (if any) did you have? \_\_\_\_\_ employees [Interviewer: entre 0 if none]

E16. [Ask only if Farmer at E11] How many acres did you farm? \_\_\_\_\_ acres \_\_\_\_\_ hectares

E17. Do you currently have a part-time paid job outside the home? Yes ... <sub>1</sub> No ..... <sub>2</sub>

E18. On average, how many hours per week do you work in that paid job? \_\_\_\_\_ hours

E19. [CARD E19] What is your occupation in that job?

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

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

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

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

Write in your main OCCUPATION

E20. If a farmer or a farm worker, how many acres do you farm \_\_\_\_\_ acres \_\_\_\_\_ hectares

E21. [CARD E21] 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.

Write in your the OCCUPATION of your spouse / partner

E22. If a farmer or a farm worker, how many acres do they farm? \_\_\_\_\_ acres \_\_\_\_\_ hectares

## SECTION F: PARENT'S BACKGROUND CHARACTERISTICS

Now some more questions about yourself

**F1. When we interviewed you when <20-year-old> was 17 years of age we recorded that the highest level of education (full-time or part-time) which you had completed was <PCG at 17 year level of education>.**

**F2. Is this still the highest level of education you have completed to date?**

Yes.....\_1 No, wrongly recorded at 17 years.....\_2 No, changed since 17 years.....\_2

**F3. [CARD F3] Which of the following best describes the highest level of education (full-time or part-time) which you have completed to date?**

1. No formal education .....\_1  
 2. Primary education .....\_2

**Second Level**

3. Lower Secondary .....\_3  
(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).

4. Upper Secondary .....\_4  
(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent)

5. Technical or Vocational qualification.....\_5  
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).

6. Both Upper Secondary and Technical or Vocational qualification .....\_6

**Third Level**

7. Non Degree .....\_7  
(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)

8. Primary Degree .....\_8  
(Third Level Bachelor Degree)

9. Professional qualification (of Degree status at least).....\_9

10. Both a Degree and a Professional qualification .....\_10

11. Postgraduate Certificate or Diploma.....\_11

12. Postgraduate Degree (Masters) .....\_12

13. Doctorate (Ph.D).....\_13

[Int. Ask F4 only if F3 is code 3 or higher]

**F4. In what year did you get this qualification?** \_\_\_\_\_

[Int. Ask F5 only if F3 is code 5 or higher]

**F5. What is the name of this qualification?** [Int. Record as much detail as possible]

[Int. Ask F6 only if F3 is code 5]

**F6. Did you complete your Upper Secondary education (Leaving Certificate /'A' Levels or equivalent) before doing this qualification?**

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

**F7. At what age did you leave full-time education for the first time? \_\_\_\_\_ years**

[INTERVIEWER: Code as '0' if respondent never undertook full-time education. Code 999 if still in full time education]

**F8. What language do you speak most often at home?**

English .....\_1 Irish.....\_2 Other .....\_3

**F9. [CARD F9] Generally speaking, how would you describe your political attitudes? Please rate them on a scale of 0 to 10 where 0 is 'far left', 5 is 'middle of the road' and 10 is 'far right'.**

0	1	2	3	4	5	6	7	8	9	10.
Far left										Far right
<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	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _10

**F10. [CARD F10] If you were to vote in a general election tomorrow, to which party would you give your first preference vote (assuming that all parties had a candidate in your constituency)? (Tick one)**

- Fine Gael .....  1
- Fianna Fáil .....  2
- Sinn Féin .....  3
- Labour Party .....  4
- Anti-Austerity Alliance (Solidarity)/People Before Profit .....  5
- Green Party .....  6
- Social Democrats .....  7
- Renua Ireland .....  8
- Workers' Party .....  9
- Other, independent .....  10
- Other (please specify) .....  11
- I wouldn't vote .....  12

**F11. [CARD F11] Listed on this card are a number of personality traits that may or may not apply to you. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.**

**I see myself as:**

- |  | Disagree<br>strongly       | Disagree<br>moderately     | Disagree<br>a little       | Neither agree<br>nor disagree | Agree<br>a little          | Agree<br>moderately        | Agree<br>strongly          |
|--|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|----------------------------|
| a. Extroverted, enthusiastic.....        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| b. Critical, quarrelsome.....            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| c. Dependable, self-disciplined.....     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| d. Anxious, easily upset.....            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| e. Open to new experiences, complex..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| f. Reserved, quiet.....                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| g. Sympathetic, warm.....                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| h. Disorganized, careless.....           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| i. Calm, emotionally stable.....         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| j. Conventional, uncreative.....         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

## SECTION G: HOUSEHOLD INCOME

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

**G1. [CARD G1] Looking at Card G1, which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner's income.**

*[INT. Tick 'Yes' or 'No' for each in Col. G1]*

**G2. [CARD G2] And of these sources of income which is the largest source of income at present?**

*[Int Tick one box only in Col. G2]*

- |  | <u>G1: Receive?</u>        |                            | <u>G2: Largest Source?</u> |
|--|----------------------------|----------------------------|----------------------------|
|  | <u>Yes</u>                 | <u>No</u>                  |                            |
| a. Wages or Salaries .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. Income from Self-Employment .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. Income from Farming.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. Children's Allowance/ Child Benefit.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e. Other Social Welfare Payments .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f. Student Maintenance Grants.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g. Other Income (incl. income from maintenance payments,<br>investments, savings, dividends, private pensions, property) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

## HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

**G3. [CARD G3]** 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, PRSI and Universal Social Charge (USC), as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all household members. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO G4. IF EXACT FIGURE GIVEN GO TO G6]

Don't know.....<sub>99</sub> €..... per Week.....<sub>1</sub> Month.....<sub>2</sub> Year <sub>3</sub>

**G4. [CARD G4]** I know that it is difficult to give an exact figure for household income but on Card G4 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax, PRSI and Universal Social Charge (USC) as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions (for tax and PRSI). [Int: Tick the letter of the group your household falls into, after these deductions have been applied]

### HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

<i>Per Week</i>	<i>Per Month</i>	<i>Per Year</i>	<i>Category</i>	
Under €230 .....	Under €1,000 .....	Under €12,000 .....	A <input type="checkbox"/> <sub>1</sub> →	Section A, Card G5
€231 to under €350 .....	€1,001 to under €1,500 .....	€12,001 to under €18,000 .....	B <input type="checkbox"/> <sub>2</sub> →	Section B, Card G5
€351 to under €460 .....	€1,501 to under €2,000 .....	€18,001 to under €24,000 .....	C <input type="checkbox"/> <sub>3</sub> →	Section C, Card G5
€461 to under €575 .....	€2,001 to under €2,500 .....	€24,001 to under €30,000 .....	D <input type="checkbox"/> <sub>4</sub> →	Section D, Card G5
€576 to under €800 .....	€2,501 to under €3,500 .....	€30,001 to under €42,000 .....	E <input type="checkbox"/> <sub>5</sub> →	Section E, Card G5
€801 to under €925 .....	€3,501 to under €4,000 .....	€42,001 to under €48,000 .....	F <input type="checkbox"/> <sub>6</sub> →	Section F, Card G5
€926 to under €1,150 .....	€4,001 to under €5,000 .....	€48,001 to under €60,000 .....	G <input type="checkbox"/> <sub>7</sub> →	Section G, Card G5
€1,151 to under €1,500 .....	€5,001 to under €6,500 .....	€60,001 to under €78,000 .....	H <input type="checkbox"/> <sub>8</sub> →	Section H, Card G5
€1,501 to under €1,850 .....	€6,501 to under €8,000 .....	€78,001 to under €96,000 .....	I <input type="checkbox"/> <sub>9</sub> →	Section I, Card G5
€1,851 or more .....	€8,001 or more .....	€96,001 or more .....	J <input type="checkbox"/> <sub>10</sub> →	Section J, Card G5
Refused.....	<input type="checkbox"/> <sub>77</sub> GO TO G6	Don't Know.....	<input type="checkbox"/> <sub>88</sub> GO TO G6	

**G5. [CARD G5]** Would that be [Int: Show Card G5 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

<b>A</b>	Per week	under €75..... <input type="checkbox"/> <sub>1</sub>	€75 to €150..... <input type="checkbox"/> <sub>2</sub>	€151 to €230..... <input type="checkbox"/> <sub>3</sub>
	Per Month	€0 to €300..... <input type="checkbox"/> <sub>1</sub>	€301 to €650..... <input type="checkbox"/> <sub>2</sub>	€651 to €1,000..... <input type="checkbox"/> <sub>3</sub>
	Per Year	€0 to €4,000..... <input type="checkbox"/> <sub>1</sub>	€4,001 to €8,000..... <input type="checkbox"/> <sub>2</sub>	€8,001 to €12,000..... <input type="checkbox"/> <sub>3</sub>
<b>B</b>	Per week	€231 to €270..... <input type="checkbox"/> <sub>1</sub>	€271 to €310..... <input type="checkbox"/> <sub>2</sub>	€311 to €350..... <input type="checkbox"/> <sub>3</sub>
	Per Month	€1,001 to €1,150..... <input type="checkbox"/> <sub>1</sub>	€1,151 to €1,350..... <input type="checkbox"/> <sub>2</sub>	€1,351 to €1,500..... <input type="checkbox"/> <sub>3</sub>
	Per Year	€12,001 to €14,000..... <input type="checkbox"/> <sub>1</sub>	€14,001 to €16,000..... <input type="checkbox"/> <sub>2</sub>	€16,001 to €18,000..... <input type="checkbox"/> <sub>3</sub>
<b>C</b>	Per week	€351 to €390..... <input type="checkbox"/> <sub>1</sub>	€391 to €420..... <input type="checkbox"/> <sub>2</sub>	€421 to €460..... <input type="checkbox"/> <sub>3</sub>
	Per Month	€1,501 to €1,700..... <input type="checkbox"/> <sub>1</sub>	€1,701 to €1,800..... <input type="checkbox"/> <sub>2</sub>	€1,801 to €2,000..... <input type="checkbox"/> <sub>3</sub>
	Per Year	€18,001 to €20,000..... <input type="checkbox"/> <sub>1</sub>	€20,001 to €22,000..... <input type="checkbox"/> <sub>2</sub>	€22,001 to €24,000..... <input type="checkbox"/> <sub>3</sub>
<b>D</b>	Per week	€461 to €500..... <input type="checkbox"/> <sub>1</sub>	€501 to €535..... <input type="checkbox"/> <sub>2</sub>	€536 to €575..... <input type="checkbox"/> <sub>3</sub>
	Per Month	€2,001 to €2,150..... <input type="checkbox"/> <sub>1</sub>	€2,151 to €2,300..... <input type="checkbox"/> <sub>2</sub>	€2,301 to €2,500..... <input type="checkbox"/> <sub>3</sub>
	Per Year	€24,001 to €26,000..... <input type="checkbox"/> <sub>1</sub>	€26,001 to €28,000..... <input type="checkbox"/> <sub>2</sub>	€28,001 to €30,000..... <input type="checkbox"/> <sub>3</sub>
<b>E</b>	Per week	€576 to €650..... <input type="checkbox"/> <sub>1</sub>	€651 to €750..... <input type="checkbox"/> <sub>2</sub>	€751 to €800..... <input type="checkbox"/> <sub>3</sub>
	Per Month	€2,501 to €2,800..... <input type="checkbox"/> <sub>1</sub>	€2,801 to €3,250..... <input type="checkbox"/> <sub>2</sub>	€3,251 to €3,500..... <input type="checkbox"/> <sub>3</sub>
	Per Year	€30,001 to €34,000..... <input type="checkbox"/> <sub>1</sub>	€34,001 to €38,000..... <input type="checkbox"/> <sub>2</sub>	€38,001 to €42,000..... <input type="checkbox"/> <sub>3</sub>
<b>F</b>	Per week	€801 to €850..... <input type="checkbox"/> <sub>1</sub>	€851 to €880..... <input type="checkbox"/> <sub>2</sub>	€881 to €925..... <input type="checkbox"/> <sub>3</sub>
	Per Month	€3,501 to €3,650..... <input type="checkbox"/> <sub>1</sub>	€3,651 to €3,800..... <input type="checkbox"/> <sub>2</sub>	€3,801 to €4,000..... <input type="checkbox"/> <sub>3</sub>
	Per Year	€42,001 to €44,000..... <input type="checkbox"/> <sub>1</sub>	€44,001 to €46,000..... <input type="checkbox"/> <sub>2</sub>	€46,001 to €48,000..... <input type="checkbox"/> <sub>3</sub>
<b>G</b>	Per week	€926 to €1,000..... <input type="checkbox"/> <sub>1</sub>	€1,001 to €1,050..... <input type="checkbox"/> <sub>2</sub>	€1,051 to €1,150..... <input type="checkbox"/> <sub>3</sub>
	Per Month	€4,001 to €4,300..... <input type="checkbox"/> <sub>1</sub>	€4,301 to €4,600..... <input type="checkbox"/> <sub>2</sub>	€4,601 to €5,000..... <input type="checkbox"/> <sub>3</sub>
	Per Year	€48,001 to €52,000..... <input type="checkbox"/> <sub>1</sub>	€52,001 to €56,000..... <input type="checkbox"/> <sub>2</sub>	€56,001 to €60,000..... <input type="checkbox"/> <sub>3</sub>
<b>H</b>	Per week	€1,151 to €1,250..... <input type="checkbox"/> <sub>1</sub>	€1,251 to €1,375..... <input type="checkbox"/> <sub>2</sub>	€1,376 to €1,500..... <input type="checkbox"/> <sub>3</sub>
	Per Month	€5,001 to €5,500..... <input type="checkbox"/> <sub>1</sub>	€5,501 to €6,000..... <input type="checkbox"/> <sub>2</sub>	€6,001 to €6,500..... <input type="checkbox"/> <sub>3</sub>
	Per Year	€60,001 to €66,000..... <input type="checkbox"/> <sub>1</sub>	€66,001 to €72,000..... <input type="checkbox"/> <sub>2</sub>	€72,001 to €78,000..... <input type="checkbox"/> <sub>3</sub>
<b>I</b>	Per week	€1,501 to €1,600..... <input type="checkbox"/> <sub>1</sub>	€1,601 to €1,750..... <input type="checkbox"/> <sub>2</sub>	€1,751 to €1,850..... <input type="checkbox"/> <sub>3</sub>
	Per Month	€6,501 to €7,000..... <input type="checkbox"/> <sub>1</sub>	€7,001 to €7,500..... <input type="checkbox"/> <sub>2</sub>	€7,501 to €8,000..... <input type="checkbox"/> <sub>3</sub>
	Per Year	€78,001 to €84,000..... <input type="checkbox"/> <sub>1</sub>	€84,001 to €90,000..... <input type="checkbox"/> <sub>2</sub>	€90,001 to €96,000..... <input type="checkbox"/> <sub>3</sub>
<b>J</b>	Per week	€1,851 to €2,100..... <input type="checkbox"/> <sub>1</sub>	€2,101 to €2,400..... <input type="checkbox"/> <sub>2</sub>	€2,401 or more..... <input type="checkbox"/> <sub>3</sub>
	Per Month	€8,001 to €9,250..... <input type="checkbox"/> <sub>1</sub>	€9,251 to €10,500..... <input type="checkbox"/> <sub>2</sub>	€10,501 or more..... <input type="checkbox"/> <sub>3</sub>
	Per Year	€96,000 to €110,000..... <input type="checkbox"/> <sub>1</sub>	€110,001 to €125,000..... <input type="checkbox"/> <sub>2</sub>	€125,001 or more..... <input type="checkbox"/> <sub>3</sub>

**G6. [CARD G6] Looking at Card G6 and thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?**

- |                            |                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| None                       | Less than 5%               | 5% to less than 20%        | 20% to less than 50%       | 50% to less than 75%       | 75% to less than 100%      | 100%                       |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

**G7. [CARD G7] 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 |

**G8. [CARD G8] A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?**

- |                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| With great difficulty      | With difficulty            | With some difficulty       | Fairly easily              | Easily                     | Very easily                |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

**G9. 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

**G10. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?**

- Yes .....1      No .....2

**G11. [CARD G11] Why was that?**

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

**G12. Compared to when <20-year-old> was 17 years of age, do you think your family's financial circumstances have gotten worse, stayed the same or improved?**

- |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| Gotten worse               | Stayed the same            | Improved                   |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

**G13. [CARD G13] Which of the following forms of financial support do you or your spouse / partner currently provide to <20-year-old>, either directly or indirectly? [TICK ALL THAT APPLY]**

- a. You pay for some or all of his/her education costs (fees, books, etc).....
- b. You pay for some or all of his/her accommodation costs if living away from home....
- c. You pay for some or all of his/her transport costs (e.g. car insurance, train fare) .....
- d. You give him/her money (to spend as he/she wishes).....
- e. You loan him/her money and he/she pays you back.....
- f. Other financial support (please specify).....

**Go to G14a**

**G14a. [If give 20-year-old money at G13e] Is the money you give him/her to spend as they wish a regular payment like an allowance, irregular payments or both?**

- Regular payment <sub>1</sub>      Irregular payment <sub>2</sub>      Both regular and irregular <sub>3</sub>

**G14b. How much money would you give him/her to spend as they wish in an average month?**

€ \_\_\_\_\_ (amount per month)

**G15. [CARD G15] Do you or your spouse/partner currently receive any of the following payments from <20-year-old>? [TICK ALL THAT APPLY]**

- a. He/she gives you money on a regular basis (i.e. a set amount per week or month)
- b. He/she gives you some money towards his/her 'keep' now and then.....
- c. He/she gives you money if you ask for it because you need it.....
- d. He/she pays for particular household bills (e.g. a utility bill or for petrol in the car) .
- e. He/she loans you money and you pay them back.....
- f. Other financial support from the 20-year-old (please specify).....

**SECTION H: NEIGHBOURHOOD / COMMUNITY INVOLVEMENT**

We would like to ask you some questions about your local area.

H1. How long have you lived in your local area? \_\_\_\_\_ years and \_\_\_\_\_ months

H2. [CARD H2] 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Homes and gardens in bad condition .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Vandalism and deliberate damage to property .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. People being drunk or taking drugs in public.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**H3. [CARD H3] 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 20-year-old .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. It is safe for me to walk alone in this area after dark .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. As a family we are happy living in this area .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. We, as a family, intend to continue living in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. There are places in this area to meet up with other people .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. There are facilities such as youth clubs, swimming clubs, sports clubs, for teenagers and 20-year-olds in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**H4. [CARD H4] Would you describe the place where the household is situated as being.....?**

In open country .....	<input type="checkbox"/> 1	Waterford city .....	<input type="checkbox"/> 7
In a village (200-1,499) .....	<input type="checkbox"/> 2	Galway city .....	<input type="checkbox"/> 8
In a town (1,500-2,999) .....	<input type="checkbox"/> 3	Limerick city.....	<input type="checkbox"/> 9
In a town (3,000-4,999) .....	<input type="checkbox"/> 4	Cork city.....	<input type="checkbox"/> 10
In a town (5,000-9,999) .....	<input type="checkbox"/> 5	Dublin city (incl. Dun Laoghaire) .....	<input type="checkbox"/> 11
In a town (10,000 or more).....	<input type="checkbox"/> 6	Dublin county (outside Dublin city) urban.....	<input type="checkbox"/> 12
		Dublin county (outside Dublin city) rural.....	<input type="checkbox"/> 13

**H5. [CARD H5] Do you think you will be living in Ireland in 5 years time?**

Definitely ..... 1    Probably..... 2    Probably not ..... 3    Definitely not.....4    Undecided .....5

## **B8. Parent Self-complete questionnaire**



# Growing Up In Ireland

Strictly Confidential

Parent/Guardian: Self-Complete Questionnaire, 20-Year-old Cohort

Area  Household  Child number

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

Time Section Started  (24 hour clock) Date \_\_\_\_ \_\_\_\_ \_\_\_\_  
 day month year

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

## SECTION A: RELATIONSHIP TO YOUNG ADULT

X1. Are you male or female?

Male..... <sub>1</sub> Female ..... <sub>2</sub>

X2. What is your date of birth?  day  month  year

**IF ANY PERSON ON HOUSEHOLD GRID AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK:**

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

He/she is deceased ..... <sub>1</sub>  
 We separated/divorced ..... <sub>2</sub>  
 He/she moved out to set up own household..... <sub>3</sub>  
 Long-term absence (e.g. hospital, prison, military service abroad) ..... <sub>4</sub>  
 Other (please specify)..... <sub>5</sub>

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

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

**S1. Are you the biological parent of <young adult>?**

Yes..... <sub>1</sub> → Go to S4a No..... <sub>2</sub>

**S2. Are you the adoptive parent of <young adult>?**

Yes..... <sub>1</sub> → Go to S4a No..... <sub>2</sub>

**S3. Are you the foster parent of <young adult>?**

Yes..... <sub>1</sub> No..... <sub>2</sub>

## SECTION B: PARENTAL MARITAL STATUS

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

**S4a. Can you tell me which of these best describes your current legal marital status?**

- Married and living with husband / wife ..... <sub>1</sub>  
 Married and separated from husband / wife ..... <sub>2</sub>  
 Divorced ..... <sub>3</sub>  
 Widowed ..... <sub>4</sub>  
 Never married (including living with a partner) ..... <sub>5</sub>

**S4b. Can we check, does <young adult's> biological father/ mother live here with you or elsewhere?**

- Lives here, including working away from home temporarily ..... <sub>1</sub>  
 Deceased ..... <sub>2</sub>  
 Lives elsewhere ..... <sub>3</sub>

**S5. May I just check whether you are currently living with someone in the household as a couple?**

- Yes ..... <sub>1</sub>      No ..... <sub>2</sub>

**S6. Since when have you and your spouse or partner been living together? \_\_\_\_\_ (year) \_\_\_\_\_ (month)**

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

- Most days ..... <sub>1</sub>  
 At least once a week ..... <sub>2</sub>  
 Less than once a week ..... <sub>3</sub>  
 Hardly ever ..... <sub>4</sub>  
 Never ..... <sub>5</sub>

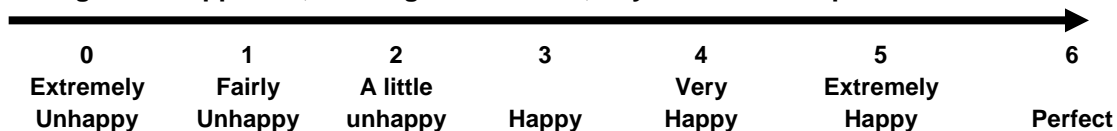
**S8. When you and your partner argue, how often do you ....**

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

**S9. How often would you say the following happen in your relationship?**

- |  | All the<br>time                       | Most of<br>the time                   | More often<br>than not                | Occasionally                          | Rarely                                | Never                                 |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. You discuss or have considered divorce,<br>separation, or terminating your relationship ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| b. You think that things between you and your<br>partner are going well .....                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| c. You confide in your mate / partner .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |

**S10. The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.**



**S11. All families have their ups-and-downs. Thinking of a scale from 1 to 10, on average how well would you say that the members of your household get on? '1' means you don't get on at all and '10' means you get on very well.**

1	2	3	4	5	6	7	8	9	10.
We don't get on at all									➔ We get on very well
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>

**SECTION C: FAST – PARENTAL ALCOHOL SCREEN**

**S12. Which of the following best describes how often you usually drink alcohol?**

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

*If currently drink alcohol between everyday and 1-2 times a week ask:*

**S13. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?**

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

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

**S14a. [ONLY OF FEMALE RESPONDENTS] 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 |

**S14b. [ONLY OF MALE RESPONDENTS] 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 |

**S14c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

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

**S14d. How often during the last year have you failed to do what was expected of you because of drinking?**

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

**S14e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?**

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

## SECTION D: PARENTAL SMOKING AND DRUGS

**S15a. 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 ..... <sub>1</sub>      Occasionally ..... <sub>2</sub>      Not at all ..... <sub>3</sub>

**S15b. About how many cigarettes or cigars do you smoke on average each day?**

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

**S16a. Have you ever tried an e-cigarette or "vaping"?**

Yes ..... <sub>1</sub>      No ..... <sub>2</sub>

**S16b. How often, if at all, do you currently use an electronic cigarette?**

Daily	Less than daily, but at least once a week	Less than weekly, but at least once a month	Less than monthly	Not at all
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**S17. Including yourself, how many members of the household smoke? \_\_\_\_ N**

**S18a. Do you take any drugs such as cannabis, marijuana, ecstasy or speed?**

Regularly ..... <sub>1</sub>      Occasionally ..... <sub>2</sub>      Not at all ..... <sub>3</sub>

**S18b. Do you take any drugs such as heroin, methadone, crack or cocaine?**

Regularly ..... <sub>1</sub>      Occasionally ..... <sub>2</sub>      Not at all ..... <sub>3</sub>

## SECTION E: PARENTAL DEPRESSION CES-D

**S19. 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. I felt depressed .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. I thought my life had been a failure .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. I felt fearful .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. My sleep was restless .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. I felt lonely .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. I had crying spells .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. I felt sad.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**SECTION F: PARENTAL AND RELATIVE'S TROUBLE WITH THE GARDAÍ (POLICE)**

**S20. Have you ever been in trouble with the Gardai or Police in Ireland or elsewhere (other than for traffic offences)?**

Yes.....<sub>1</sub> No.....<sub>2</sub>

**S21. Have you ever been to prison?** Yes .....<sub>1</sub> No..... <sub>2</sub>

**S22. Have any of <young adult>'s brothers or sisters ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) other than for traffic offences?**

Yes.....<sub>1</sub> No.....<sub>2</sub> No brothers/sisters ..... <sub>3</sub>

**S23. Have any of them ever been to prison?** Yes .....<sub>1</sub> No.....<sub>2</sub>

**S24. Have any of <young adult>'s aunts or uncles ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) other than for traffic offences?**

Yes.....<sub>1</sub> No.....<sub>2</sub> No uncles/aunts.....<sub>3</sub>

**S25. Have any of them ever been to prison?** Yes .....<sub>1</sub> No.....<sub>2</sub>

**SECTION G: PARENT'S RELATIONSHIP WITH YOUNG ADULT**

**S26. There are various ways that parents deal with serious disagreements with their sons and daughters.**

**How often do you handle disagreements with (young adult) by:**

	Never	Seldom	Sometimes	Often	Always	Don't have any serious disagreements
a. Refusing to talk about it .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
b. Letting <Young Adult> have his/her way without much argument.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
c. Discussing your disagreements calmly.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
d. Arguing heatedly or shouting at each other .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**S27. Tell me if you strongly agree, agree, disagree, or strongly disagree with each of the following statements.**

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
a. It's easy for me to laugh and have a good time with (young adult).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I feel on edge or tense when I'm with (young adult). ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. (young adult) is not very interested in my life or what happens to me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I could talk to (young adult) if I was unhappy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I would like more influence over (young adult's) decisions. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. (young adult) is a loving and affectionate person. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. (young adult) is often critical of me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. I could talk to (young adult) if I had a big decision to make.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**S28. How happy are you with each of the following aspects of (young adult)'s life:**

	Extremely unhappy	Somewhat unhappy	Somewhat happy	Extremely happy	Doesn't care/ not interested/ not involved	Neither happy nor unhappy
a. How well <young adult> has done in school.....	<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. His/her boyfriend/girlfriend.....	<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. The occupation or career s/he wants.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**S29. Taking things all together, on a scale from 0 to 10, where 0 is really bad and 10 is absolutely perfect, how would you describe your relationship with <Young Adult>?**

0 Really Bad	1	2	3	4	5	6	7	8	9	10. Absolutely Perfect
<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	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

Thank you very much for taking part in the *Growing Up in Ireland* Study