



**Appendix to**  
***Growing Up in Ireland* Cohort '98 at 17/18 Years**  
**Report Number 2019-7**  
**The Pilot Phase of the Child Cohort at 17/18 years of age**

**APPENDIX A**

**Questionnaires and related documents used in the pilot phase of fieldwork with the Child Cohort at 17/18 years (Appendices A1-A15)**

June 2019





## Appendix A

### Questionnaires and related documents used in pilot phase of Child Cohort at 17 years

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## **Appendix A1: Household letter**





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admin@esri.ie



«PCG\_title» «PCG\_Fn» «PCG\_sn»

«addr1»

«addr2»

«addr3»

«ADDR4»

«addr5»

<date>

Our ref:«ref»

Dear «PCG\_title» «PCG\_sn»,

We are writing to you about the *Growing Up in Ireland* study. As you may remember, your family, especially <childname>, was part of the study almost four years ago.

At that time we explained that we would like to make a return visit to your home for a follow-up interview to see how things have changed for <childname> since our last visit - <he/she> will be 17 or 18 years old now. The next round of interviews in the study is about to take place and we would like to invite you to participate.

*Growing Up in Ireland* is the first and most important study of its kind ever to take place in this country. It is helping us to understand the main issues facing young in Ireland today and helping to provide advice to the Government on key decisions about future policies and services for young people and their families.

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

**As the earlier interviews, taking part in *Growing Up in Ireland* is entirely voluntary.** All the information collected in the course of the study is treated in the strictest confidence.

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

If you have any queries about the study or your involvement in it, please do not hesitate to contact Ms Fiona Burke on 01-8632050 or contact us on the Freephone number at 1800 200 434.

Thanking you in anticipation,

Yours sincerely,

James Williams  
Research Professor, ESRI  
Principal Investigator, *Growing Up in Ireland*







## **Appendix A2: Information Sheet**



## INFORMATION SHEET – *Growing Up in Ireland* (Spring 2015)

Almost four years have passed since your family kindly agreed to be part of the *Growing Up in Ireland* study. This is a unique study which follows the progress of the same group of children and young people over time to help improve our understanding of all aspects of their development. We are now interviewing the young people when they are 17-18 years of age, along with their parent(s) and guardian(s).

We would like to carry out a number of interviews at this time to find out how your child has grown and changed since our last visit.

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

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

The purpose of the study is to improve our understanding of all aspects of children and young people and their development. The Study:

- tells us how children and young people develop over time
- helps us to find out what factors affect their development
- investigates what makes for a healthy and happy childhood or adolescence and what might lead to a less happy one
- helps us to discover what it means to be a parent in Ireland today

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

### **What has been happening since our last visit?**

A total of 8,500 nine-year-old children and their families were interviewed for the first phase of *Growing Up in Ireland* in 2007. We re-interviewed your family when the young person was 13 years of age.

We have also been busy interviewing the families of 11,000 nine month old infants who are also taking part in the study. The younger children in the study were initially interviewed at 9 months of age, at 3 years of age and then at 5 years of age.

The information collected during the earlier rounds of interviews in the main study was included in a series of reports. Information from the study has informed discussion on topics such as: infant and child health, including overweight and obesity; the role of families in a child's development and the supports necessary for families; school performance and factors which assist in a positive experience for children and young people in school; and lots more.

You can get more information on the study on our website: [www.growingup.ie](http://www.growingup.ie)

The Government is using this information to help make improvements and bring real benefits to children, young people and families for many years to come. The information collected in the study was used extensively in the government's plan for improving and supporting the lives of children and young people in Ireland - *Better Outcomes Brighter Futures: The national policy framework for children & young people, 2014 – 2020* (Department of Children and Youth Affairs, 2014<sup>1</sup>).

***IF YOU HAVE ANY DIFFICULTY READING THIS INFORMATION SHEET PLEASE  
CONTACT MS FIONA BURKE ON 01-8632050 OR FREEPHONE 1800 200 434***

<sup>1</sup> [http://www.dcy.gov.ie/documents/cypp\\_framework/BetterOutcomesBetterFutureReport.pdf](http://www.dcy.gov.ie/documents/cypp_framework/BetterOutcomesBetterFutureReport.pdf)

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

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

## Who is running the study?

*Growing Up in Ireland* is a Government study. The Department of Children and Youth Affairs is funding it, in association with the Department of Social Protection and the Central Statistics Office.

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

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

Taking part in the follow-up interview is very simple and is similar to the previous interviews. An interviewer will contact you to arrange a visit to your home at a time that is convenient for you and your family. As before, this can be on a weekday, in the evening, or during the weekend.

When the interviewer visits your home, he/she will ask to interview the 17/18-year-old in the study along with his/her parent(s) / guardian(s). The visit to your home will last about 1½ to 2 hours.

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

## Confidentiality

As with the previous interviews, **all the information given to the *Growing Up in Ireland* interviewer is treated in the strictest confidence**. By this we mean that it could not be associated with you or your family by anyone other than a very small number of the people who are running the project. It will be used exclusively for research purposes.

The information given by the 17/18-year-old and any member of his/her family in direct answer to the questions on the survey is **strictly confidential**. That information cannot be used by anyone for any purpose, other than for statistical analysis. No-one will receive any feedback on answers given in the surveys to the questions which our interviewer asks directly in the course of the interview, regardless of what those answers might be. However, if the interviewer observes something or is told something outside the answers given to the survey questions which causes him/her or the people running the Study to have serious concerns for the welfare of the Young Person at the centre of the study or any other person, they may have to tell someone who can help.

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

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

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

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

Similar to our last interview, the Young Person and his/her parent(s) /guardian(s) will be asked questions about:

- health and education
- emotional health and wellbeing
- family life and experiences as a parent

The Young Person will be asked some sensitive questions about:

- home life
- smoking; drinking alcohol; drug-taking;
- sexuality, sexual behaviour and sexual activity;
- mental health and self harm;
- anti-social behaviour (some of which may be illegal).

All the questions are very straightforward, though some are quite detailed and, as we said, will address relatively sensitive issues. The more sensitive questions are contained in a questionnaire which is filled out by the Young Person him/herself and is not administered by the interviewer. The interviewer will be able to help out if you have any concerns or questions about the actual survey questionnaire itself.

None of the information recorded in the survey may be given to any person, government body or agency in a way which could be identified with your child or your family and information collected in the study cannot be used for any purpose other than statistical analysis. This includes the answers to questions on anti-social behaviour (some of which may be illegal).

### **Parent/Guardian Consent for Young Person less than 18 years of age?**

Almost all of the Young People being interviewed in this phase of the study are 17 years old. It is a legal requirement that we ask their parent/Guardian to sign a consent form before they participate in the study.

### **Interviewing the Young Person alone, provided someone over 18 years of age is in the home**

The protocol for this round of the *Growing Up in Ireland* study is that the interviewer who administers the surveys may interview the Young Person in a room alone, provided someone aged 18 years or over is also in the accommodation. The door of the room in which the interview takes place should be left open during the interview.

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

Because this study looks at the development of young people over time we would like to return in about three years time to carry out a follow-up survey.

## Who are the interviewers?

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). The interviewer is an Officer of Statistics appointed by the Central Statistics Office – similar to the interviewers who carry out research on behalf of the Central Statistics Office, including the Census.

Each interviewer carries a photo ID card.

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

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

## What are my rights if we take part?

If there are any questions on the questionnaire you do not wish to answer, you do not have to do so.

You and your family may choose to withdraw from the study, even after the interviewer has called to your home.

## Your participation counts ...

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

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

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

## Where can I find out more information?

**Phone:** Freephone 1800 200 434

or contact Ms Fiona Burke, on 01 863 2000

or call 01 8632000 and ask for the *Growing Up in Ireland* team

**Visit our website:** [www.growingup.ie](http://www.growingup.ie)

**Email** us at [growingup@esri.ie](mailto:growingup@esri.ie)

## Post to:

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



**Appendix A3: Consent form  
Parent /Guardian One [YP less than 18 years]**





## PARENT/GUARDIAN CONSENT FORM—(Young Person less than 18 years)

### INTERVIEWER: COMPLETE THIS CONSENT FORM BEFORE THE YOUNG PERSON'S CONSENT FORM

Name of Young Person: \_\_\_\_\_ Young Person's Date of Birth: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE) DD/MM/YYYY

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have about the **Growing Up in Ireland** study.
- I consent to participating in the **Growing Up in Ireland** study.
- I consent to my 17-year-old participating in the **Growing Up in Ireland** study.
- I understand that my child's other parent, my spouse or partner (where different) will also be interviewed as part of this study.
- I understand that the protocol for interviewing my 17-year-old allows the interviewer to be alone in a room with my 17-year-old to administer the questionnaire, provided the door of the room is open and someone aged 18 years or more is also in the accommodation throughout the interview.
- I understand that the questionnaire completed by my 17-year-old 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).
- I understand that none of the information recorded in the survey may be given to any person, government body or agency in a way which could be identified with my child or my family and that no information collected in the study could be used for any purpose other than statistical analysis. This includes the answers to questions on anti-social behaviour (some of which may be illegal).
- I have been asked by the interviewer if I want to see a blank copy of the questionnaire containing these sensitive questions, before my 17-year-old completes it.
- I understand that the names, address and other identifying information relating to my family will be removed from the details provided by me and my family in the course of our interviews. The survey information (without identifying details) will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.
- I understand that, although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given on the questionnaires completed by my 17-year-old; by my spouse/partner (if relevant); or by my 17-year-old's other parent (where different).
- I understand that, as with all other parts of the **Growing Up in Ireland** study, neither I nor anyone else will receive any feedback about the answers given by my 17-year-old to the questions which the interviewer asks him/her or which he/she gives in the self-completion questionnaire, regardless of what those answers might be.
- I understand, however, that if the interviewer observes something or is told something other than in answer to direct survey questions, which causes him/her or the people running the study to have serious concerns for the welfare of my 17-year-old, or any other vulnerable person, they may have to tell someone who can help.
- I understand that because this study looks at the development of Young People over time, I and my 17-year-old will be asked to participate in a follow-up study in a few years time.
- I understand that my 17-year-old *may* be asked to take part in a focus group in the ESRI's offices in Dublin in the weeks following this survey.

Name of Parent/Guardian: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

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

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

**If relevant:** Name of Parent/Guardian not resident in your household: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian not resident in your household: \_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian not resident in household: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

AREA:     H'HOLD:



**Appendix A4: Consent form  
Parent /Guardian One [YP more than 18 years]**



# PARENT/GUARDIAN CONSENT FORM – (Young Person 18 years or more)

## INTERVIEWER: COMPLETE THIS CONSENT FORM BEFORE THE YOUNG PERSON'S CONSENT FORM

Name of Young Person: \_\_\_\_\_ Young Person's Date of Birth: \_\_\_\_\_

(BLOCK CAPITALS PLEASE)

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have about the *Growing Up in Ireland* study.
- I consent to participating in the *Growing Up in Ireland* study.
- I understand that my 18-year-old will also be interviewed as part of the *Growing Up in Ireland* study.
- I understand that my 18-year-old's other parent, my spouse or partner (where different) will also be interviewed as part of this study.
- I understand that the questionnaire completed by my 18-year-old 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).
- I understand that none of the information recorded in the survey may be given to any person, government body or agency in a way which could be identified with my child or my family and that no information collected in the study could be used for any purpose other than statistical analysis. This includes the answers to questions on anti-social behaviour (some of which may be illegal).
- I have been asked by the interviewer if I want to see a blank copy of the questionnaire containing these sensitive questions, before my 18-year-old completes it.
- I understand that the names, address and other identifying information relating to my family will be removed from the details provided by me and my family in the course of our interviews. The survey information (without identifying details) will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.
- I understand that, although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given on the questionnaires completed by my 18-year-old; by my spouse/partner (if relevant); or by my 18-year-old's other parent (where different).
- I understand that, as with all other parts of the *Growing Up in Ireland* study, neither I nor anyone else will receive any feedback about the answers given by my 18-year-old to the questions which the interviewer asks him/her or which he/she gives in the self-completion questionnaire, regardless of what those answers might be.
- I understand, however, that if the interviewer observes something or is told something other than in answer to direct survey questions, which causes him/her or the people running the study to have serious concerns for the welfare of my 18-year-old, or any other vulnerable person, they may have to tell someone who can help.
- I understand that because this study looks at the development of Young People over time, I and my 18-year-old will be asked to participate in a follow-up study in a few years time.
- I understand that my 18-year-old *may* be asked to take part in a focus group in the ESRI's offices in Dublin in the weeks following this survey.

Name of Parent/Guardian: \_\_\_\_\_

(BLOCK CAPITALS PLEASE)

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

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

**If relevant:** Name of Parent/Guardian not resident in your household: \_\_\_\_\_

(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian not resident in your household: \_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian not resident in household: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

AREA:     H'HOLD:



**Appendix A5: Consent form  
Young Person [YP less than 18 years]**





## YOUNG PERSON'S CONSENT FORM–(Young Person less than 18 years)

Name: \_\_\_\_\_

(BLOCK CAPITALS PLEASE)

Date of Birth: \_\_\_\_\_

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the *Growing Up in Ireland* study.
- I consent to participating in the *Growing Up in Ireland* study.
- I understand that my parent(s) / guardian(s) will also be interviewed, about themselves and me.
- I understand that my parent/guardian has already signed a consent form regarding my participation in the *Growing Up in Ireland* study, as this is a legal requirement for anyone under 18 years of age.
- I understand that the protocol for interviewing 17-year-olds allows the interviewer to be alone in a room with me to administer the questionnaire, provided the door of the room is open and someone aged 18 years or more is also in the accommodation throughout the interview.
- I understand that 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).
- I understand that none of the information recorded in the survey may be given to any person, government body or agency in a way which could be identified with me or my family and that no information collected in the study could be used for any purpose other than statistical analysis. This includes the answers to questions on anti-social behaviour (some of which may be illegal).
- I understand that the names, address and other identifying information on my family will be removed from the details provided by me and my family in the course of our interviews. The survey information (without identifying details) will then be stored on a computer so that it will be available to researchers. The information can be used only for statistical analysis and research purposes. It would be an offence to use it for any other reason.
- I understand that, although I will have access to the information given by me on the questionnaires which I complete, I will not have access to the information given on the questionnaires completed by my parent(s) / guardian(s).
- I understand that, as with all other parts of the *Growing Up in Ireland* study, neither I nor anyone else will receive any feedback about the answers given by me or anyone else in the questionnaires, regardless of what those answers might be.
- I understand, however, that if the interviewer observes something or is told something, outside the answers given to the survey questions, which causes him/her or the people running the study to have serious concerns for my welfare, or the welfare of any other person, they may have to tell someone who can help.
- I understand that, because this study looks at the development of Young People over time, I will be asked to participate in a follow-up study in a few years time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AREA:

HHOLD:



**Appendix A6: Consent form  
Young Person [YP more than 18 years]**



## YOUNG PERSON'S CONSENT FORM – (Young Person 18 years or more)

Name: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

Date of Birth: \_\_\_\_\_

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the *Growing Up in Ireland* study.
- I consent to participating in the *Growing Up in Ireland* study.
- I understand that my parent(s) / guardian(s) will also be interviewed, about themselves and me.
- I understand that 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).
- I understand that none of the information recorded in the survey may be given to any person, government body or agency in a way which could be identified with me or my family and that no information collected in the study could be used for any purpose other than statistical analysis. This includes the answers to questions on anti-social behaviour (some of which may be illegal).
- I understand that the names, address and other identifying information on my family will be removed from the details provided by me and my family in the course of our interviews. The survey information (without identifying details) will then be stored on a computer so that it will be available to researchers. The information can be used only for statistical analysis and research purposes. It would be an offence to use it for any other reason.
- I understand that, although I will have access to the information given by me on the questionnaires which I complete, I will not have access to the information given on the questionnaires completed by my parent(s) / guardian(s).
- I understand that, as with all other parts of the *Growing Up in Ireland* study, neither I nor anyone else will receive any feedback about the answers given by me or anyone else in the questionnaires, regardless of what those answers might be.
- I understand, however, that if the interviewer observes something or is told something, outside the answers given to the survey questions, which causes him/her or the people running the study to have serious concerns for my welfare, or the welfare of any other person, they may have to tell someone who can help.
- I understand that, because this study looks at the development of Young People over time, I will be asked to participate in a follow-up study in a few years time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AREA:

HHOLD:



## **Appendix A7: Household Composition**







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

**HOUSEHOLD COMPOSITION – 17-year-old Cohort**

AREA

HOUSEHOLD

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

Interviewer Number

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

Almost five 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 <young person> and <his/her> parents who live here. The whole interview with <young person> and <his/her> parents will take about 1½ - 2 hours to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child, or other vulnerable person is at risk we may have to act on it.

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

A1a. Last time we spoke <young person> lived at this address. Does he/she still live at this address, even if only some of the time?

Yes ..... <sub>1</sub>      No ..... <sub>2</sub>      →      [INT: Go to A1d]

A1b. Will we be able to interview the young person at this address?

Yes      <sub>1</sub> go to A1c..... No..... <sub>2</sub> [INT: Go to A1d]

A1c. Just to check, this is what <young person> would consider to be <his/her> main address?

Yes ..... <sub>1</sub> go to A1h      No ..... <sub>2</sub>

A1d. Is <young person> living elsewhere in Ireland where we might be able to interview him/her?

Yes ..... <sub>1</sub> go to A1e      No, emigrated/living abroad..... <sub>2</sub> go to A1f      No, other (specify) \_\_\_\_\_ <sub>2</sub> finish

A1e. [if yes] Can you give me <young person>'s full other/new address where we can attempt to interview him/her?

Add: \_\_\_\_\_

A1f. Which country did <young person> emigrate to? \_\_\_\_\_ (country)

A1g. Why did he/she emigrate? (tick one for main reason)

- a. Further education/training ..... <sub>1</sub>
- b. To get a job..... <sub>2</sub>
- c. Travel/gap year..... <sub>3</sub>
- d. Voluntary/charity work ..... <sub>4</sub>
- e. Something else (please specify) \_\_\_\_\_ ..... <sub>5</sub>

A1h. [if parental home is main address] Does <young person> have any other addresses – for example, student or work address during the week or during term-time?

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

A1i. [If has other address] How would you describe <young person's> household at this second address?

- a. lives alone in a house/flat ..... <sub>1</sub>
- b. lives in a house/flat with another relative ..... <sub>2</sub>
- c. lives with a spouse/partner in a house/flat of their own ..... <sub>3</sub>
- d. lives with a spouse/partner and other adults ..... <sub>4</sub>
- e. lives in a house/flat-sharing arrangement with other adult(s) ..... <sub>5</sub>
- f. campus accommodation ..... <sub>6</sub>

A1j. [if has other address] Record address \_\_\_\_\_

A1k. [if has other address] How many nights per month does <young person> sleep in the parental home?

\_\_\_\_\_ (no.of nights per month) OR <sub>1</sub> Young person spends less than one night per month in the parental home

### **Section A1 – Household Composition**

#### **YOUNG PERSON STILL PRINCIPALLY RESIDENT IN PARENTAL HOME**

A1a. [INTERVIEWER: I'd like to begin by speaking to <primary caregiver at 13 years>. Is <primary caregiver at 13 years> still resident in the household?

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

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 13 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.

**A2. \*\*\*The name, sex, date of birth, and relationship of each person to the <primary respondent at time 13 years> and <young person> will be checked and edited where necessary and their residency in the household at 17 years confirmed.\*\*\***

No.	First name	Sex M F	Date of Birth	Age If DOB not available	Still resident? Y N		Relationship of each member to Parent 1 and Young Person.  R'SHIP TO: CARD A2E1 Parent 1      R'SHIP TO: CARD A2E2 Young Person		(E) Show Card A2F							
									Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other	
1		<input type="checkbox"/> <input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>	////									
2		<input type="checkbox"/> <input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>	////									
3		<input type="checkbox"/> <input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/> <input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/> <input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/> <input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/> <input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/> <input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer: Parent One should be on line 1.

Young Person should be on line 2. Parent Two on line 3 (if relevant).

**[BLAISE CONDITION: IF ANY PERSON RESIDENT AT 13 YEARS IS NO LONGER RESIDENT IN THE HOUSEHOLD AT 17 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 13 YEARS - ADD THEM TO THE NEW GRID BELOW]

**A3. Has anyone else joined the household since we last spoke, when <young person> was 13 years of age, and is currently living with you?**

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

No	First Name	Sex M F	Date of Birth	Age If DOB not available	Relationship of each member to Parent One and Young Person Parent One (Card A2E1)      Young Person (Card A2E2)		Since when have they been living with you Month      YEAR		Resident Y/N	Show Card A2F						
										Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
21		<input type="checkbox"/> <input type="checkbox"/>	_____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22		<input type="checkbox"/> <input type="checkbox"/>	_____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23		<input type="checkbox"/> <input type="checkbox"/>	_____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24		<input type="checkbox"/> <input type="checkbox"/>	_____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25		<input type="checkbox"/> <input type="checkbox"/>	_____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>	_____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>	_____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[INT: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID AT A3 ABOVE INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]**

A4. So that's a total of \_\_\_\_\_ people who live here in the household at present. Is that correct?

Yes ..... 1

No ..... 2

→ [INT: Check Household Grid]

**[ASK ONLY IF <PRIMARY CARER AT 13 YEARS> IS STILL RESIDENT IN THE HOUSEHOLD AT 17 YEARS.]**

A5. When we last spoke in [MM/YY], we interviewed you as the primary caregiver of <young person>. We would like you to complete the Parent One questionnaire with us on this occasion as well. Can I just check, are you still the main caregiver of <young person>?

Yes ..... 1 Go to A9a

No ..... 2

A6a. Why is that? -----  
-----

**IF PRIMARY CAREGIVER FROM 13 YEARS HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:**

A6b. You mentioned that <spouse/partner> [identified at A2 above] lives here with you as part of the household. This means that we should interview him/her as the main caregiver of <young person> on this occasion. Is that correct?

Yes ..... 1

No ..... 2 [[BLAISE INSTRUCTION - END OF THE INTERVIEW]

Go to A9a

**IF RESPONDENT TO HOUSEHOLD SECTION AT 13 YEARS IS NO LONGER RESIDENT IN THE HOUSEHOLD AT 17 YEARS ASK A7a – A9.**

A7a. Are you the head of the household?

Yes ..... 1

No ..... 2

→ [INT: Ask to speak to PCG]

A7b. [Card A7b] Can you please tell me which of the following best describes your relationship to <young person>? [Interviewer use codes only]

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

A7c. Do you have a spouse/partner who lives here with you in the household?

Yes ..... 1

No ..... 2

**A8a. How many people in total (including yourself and <young person>) live here regularly as members of the household? \_\_\_\_\_ persons**

No.	First name/ Initial	Sex		Date of Birth	Age If DOB not available	Was this Person Resident at time 1?		Relationship of each member to Parent One and Young Person		(E) Show Card A2F						
		M	F			Y	N	<u>R'SHIP TO:</u> CARD A2E1 Parent One	<u>R'SHIP TO:</u> CARD A2E2 Young Person	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
51		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>	////		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>		////	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A8b. Was that person born into the household or did they join for another reason?**

Born into the household ..... <sub>1</sub>

Joined for another reason (specify) \_\_\_\_\_ <sub>2</sub>

**A8c. Since when has this person being living here in the household? \_\_\_\_ month \_\_\_\_ year**

**Go to A9a**

**A9a. Does <young person> have any full / half / step / adoptive brother(s) or sister(s) who live outside the household?**

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

**A9b. How many full / half / step / adoptive brother(s) or sister(s) does <young person> have who live outside the household? \_\_\_\_ n**

**A9c. For each full/half/step brother/sister who lives outside the household, can you tell me:**

**1) their sex**

**2) their Date of Birth (DOB)**

**3) their relationship to <young person>**

1. Male <sub>1</sub> Female <sub>2</sub> Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to <young person> SHOW CARD A9c

2. Male <sub>1</sub> Female <sub>2</sub> Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to <young person> SHOW CARD A9c

3. Male <sub>1</sub> Female <sub>2</sub> Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to <young person> SHOW CARD A9c

## Section A2 – Household Composition

### YOUNG PERSON PRINCIPALLY RESIDENT IN NON-PARENTAL HOME

**[BELOW WILL BE COMPLETED AT YOUNG PERSON'S NEW PRINCIPAL ADDRESS]**

**A2-1. First I would like to ask you a few details about yourself and the others in your household. For everyone living with you at this address, could you tell me:**

- a) their first name
- b) their sex
- c) their Date of Birth (DOB)
- d) if *DOB not available* - their age last birthday
- e) their relationship to you
- f) their current situation regarding school or work.

No.	(A)	(B)		(C)	(D)	(E)		(F) Show Card A5E						
	First name/Initial	Sex		Date of Birth	If DOB not available	Relationship of each member to mother and child.								
Person No.	INT: Put Young Person on line 1	M	F	dd mm yr	Age last birthday	Person No.	<b>R'SHIP TO:</b> <b>CARD A5D1</b>  Young Person	Pre-school	School/ Education	At Work / Training	Unemployed	Retired	Home Duties	Other
<b>1</b>		<input type="checkbox"/>	<input type="checkbox"/>	___ ___ ___	yrs	<b>1</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>2</b>		<input type="checkbox"/>	<input type="checkbox"/>	___ ___ ___	yrs	<b>2</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>3</b>		<input type="checkbox"/>	<input type="checkbox"/>	___ ___ ___	yrs	<b>3</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>4</b>		<input type="checkbox"/>	<input type="checkbox"/>	___ ___ ___	yrs	<b>4</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>5</b>		<input type="checkbox"/>	<input type="checkbox"/>	___ ___ ___	yrs	<b>5</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>6</b>		<input type="checkbox"/>	<input type="checkbox"/>	___ ___ ___	yrs	<b>6</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>7</b>		<input type="checkbox"/>	<input type="checkbox"/>	___ ___ ___	yrs	<b>7</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>8</b>		<input type="checkbox"/>	<input type="checkbox"/>	___ ___ ___	yrs	<b>8</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>9</b>		<input type="checkbox"/>	<input type="checkbox"/>	___ ___ ___	yrs	<b>9</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

Interviewer: Young Person should be on line 1.

## **Appendix A8: Young Person Main Questionnaire**







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

**STRICTLY CONFIDENTIAL**

**YOUNG PERSON MAIN QUESTIONNAIRE – 17-year-olds**

AREA

H'HOLD

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

Interviewer Number

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

Welcome to the *Growing Up in Ireland* study and thank you for helping us by filling in the questionnaires. We want to find out what it is like to be a 17-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 that makes us worried about you, then we might have to tell someone who could help.

X1. Are you: Male.....<sub>1</sub> Female .....<sub>2</sub>

X2. What is your date of birth?  day  month  year

**SECTION A1: CURRENT PES AND JUNIOR CERT**

1. [show card A1] What is your main status *now*? (Please tick one box only)

- Still in School.....<sub>1</sub> Go to A1,Q2
- Studying Higher Education course .....<sub>2</sub> Go to A1,Q3
- Studying Further Education course eg. PLC.....<sub>3</sub> Go to A1,Q3
- In paid employment.....<sub>4</sub> Go to A1,1b
- Apprenticeship .....<sub>5</sub> Go to A1,Q3
- Unemployed .....<sub>6</sub> Go to A1,1c
- On a Solas (FÁS), Fáilte Ireland, Teagasc etc. course .....<sub>7</sub> Go to A1,Q3
- On a Private Training Scheme .....<sub>8</sub> Go to A1,Q3
- Youth Reach.....<sub>9</sub> Go to A1,Q3
- Engaged in home duties.....<sub>10</sub> Go to A1,1c
- Unable to work or study due to permanent disability or illness .....<sub>11</sub> Go to A1,Q3
- Taking a year out or travelling .....<sub>12</sub> Go to A1,1c
- Other, please specify .....<sub>13</sub> Go to A1,Q3

**1b. [If not currently in education] Do you intend to return to full-time education in the next year?**

Yes .....<sub>1</sub> Go to A1,Q3.

No .....<sub>2</sub> Go to A1,Q3.

**1c. [If not ill, but not in education or employment] [show card A1\_1c] What is your main reason for not working or continuing in education at the present time? [all then go to A1, Q3]**

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

**2. [If still in school] Which year are you in?**

- Fourth Year/Transition Year .....  1 Go to A1,Q5.
- Fifth Year/Pre-Leaving .....  2 Go to A1,Q5.
- Sixth Year/Leaving Cert. ....  3 Go to A1,Q5.
- Sixth Year/Leaving Cert (Repeat). ....  4 Go to A1,Q5.
- Other (please specify) \_\_\_\_\_ .....  5 Go to A1,Q5.

**3. [If not still in school] When did you leave school? \_\_\_\_\_ Month \_\_\_\_\_ Year** Go to A1,Q4.

**4. [If not still in school] What was the last year you completed/attended school?**

- 1st Year .....  1 Go to A2
- 2nd Year .....  2 Go to A2
- 3rd Year .....  3 Go to A1,Q5.
- Fourth Year/Transition Year .....  4 Go to A1,Q5.
- Fifth Year/Pre-Leaving .....  5 Go to A1,Q5.
- Sixth Year/Leaving Cert. ....  6 Go to A1,Q5.
- Sixth Year/Leaving Cert (Repeat). ....  7 Go to A1,Q5.
- Other (please specify) .....  8 Go to A1,Q5.

**5. Did you sit the Junior Certificate?**

- Yes .....  1 Go to A1,Q6. No .....  2 Go to A2

**6. [If sat Junior Cert], Do we have your permission to link to your results?**

- Yes .....  1 Go to A2 No .....  2 Go to A1,Q7.

**7. Please list the subjects, level and grades achieved in your Junior Certificate.**

Subject	Level	Grade

## SECTION A2: PROGRAMS TAKEN

**1a. What school are you currently attending/did you last attend? Please give the full name and address of the school.**

\_\_\_\_\_ (OPEN ENDED)

**1b. Is/was your school a boarding school?**

- No ..... <sub>1</sub>  
 Yes and you are/were a boarder ..... <sub>2</sub>  
 Yes and you are/were not a boarder ..... <sub>3</sub>

**2. [If still in school or left after 4<sup>th</sup> year] What programme are you taking at the moment/did you take in senior cycle?**

- Regular (Established) Leaving Certificate ..... <sub>1</sub>  
 Leaving Certificate Applied (LCA) ..... <sub>2</sub>  
 Leaving Certificate Vocational (LCVP) ..... <sub>3</sub>  
 Transition Year ..... <sub>4</sub>  
 Something else (please specify) \_\_\_\_\_ ... <sub>5</sub>

**3. [If still in school or left after 4<sup>th</sup> year] Did you have a choice over which programme you took this year/most recent year?**

- No, I had no choice – school only offers one program ..... <sub>1</sub>  
 No, I had no choice – parents/teachers made me take this program ..... <sub>2</sub>  
 Yes, I decided to take (program at Q2) ..... <sub>3</sub>

**4. [If still in school or left after 4<sup>th</sup> year] Thinking about this year/most recent year in general, how satisfied are you with the programme you are taking (for example, the regular Leaving Cert, LCA, LCVP or TY)?**

- Very Satisfied ..... <sub>1</sub>      Satisfied ..... <sub>2</sub>      Dissatisfied .... <sub>3</sub>      Very Dissatisfied ..... <sub>4</sub>

**5a. [If still in school or left after 4<sup>th</sup> year] Did you take Transition Year?**

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

**5b. Overall, are you happy that you took Transition Year?**

- Very happy ..... <sub>1</sub>  
 Quite happy ..... <sub>2</sub>  
 Neutral ..... <sub>3</sub>  
 Somewhat unhappy ..... <sub>4</sub>  
 Very unhappy ..... <sub>5</sub>

**5c. Overall, are you happy that you did not take Transition Year?**

- Very happy ..... <sub>1</sub>  
 Quite happy ..... <sub>2</sub>  
 Neutral ..... <sub>3</sub>  
 Somewhat unhappy ..... <sub>4</sub>  
 Very unhappy ..... <sub>5</sub>

## SECTION A3: EXPERIENCE OF SCHOOL AND TEACHERS

**1. 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 [show card A3\_1]**

- |   | Strongly agree                        | Agree                                 | Disagree                              | Strongly disagree                     |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <b>Attitudes to school</b>  |                                       |                                       |                                       |                                       |
| a. I find/found school-work in this school really boring.....                 | <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 am/was excited about being at this 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> |
| c. I dislike(d) being at this 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> |
| d. I usually feel/felt relaxed about 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> |
| e. I look(ed) forward to coming to school most days. ....                     | <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 like(d) school better than most other students in this 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> |
| <b>Attitudes to teachers</b>  |                                       |                                       |                                       |                                       |
| g. I think/thought most of my teachers are/were unfriendly. ....              | <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. My teachers would help me if I had a problem with my schoolwork. ....      | <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. I couldn't talk to any of my teachers if I had a problem. ....             | <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. Most of the time there is/was a good working atmosphere in the class. .... | <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. I like(d) most of my teachers. ....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

**2. [If still in school, or left school within the last year] In this/most recent school year, how often have the following things happened to you? Please tick ONE box on every line. [show card A3\_2]**

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

**3. In general, do you think that your second-level education has benefited you in the following ways? (Please tick one box on each line.) [show card A3\_3]**

	Yes, a lot	Yes, some	No help
a. In increasing your self-confidence.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. In helping you develop into a well-balanced person .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. In building good relations with friends of the opposite sex.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. In being able to talk and communicate well with others .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. In knowing how to go out about finding things out for yourself .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. In helping you to make new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. In knowing how to acquire a new skill .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. In getting involved in sports.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. In giving you reading and writing skills .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. In appreciating reading for pleasure .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. In preparing you for the world of work .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. In giving you computer skills.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. In preparing you for adult life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. In helping you to think for yourself .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. In appreciating art or music.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
p. In helping you to decide what to do after you leave school .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**4. How well would you say you do at tests or exams compared with other people your age? [show card A3\_4]**

Above average <input type="checkbox"/> 1	Just above average <input type="checkbox"/> 2	Average <input type="checkbox"/> 3	Just below average <input type="checkbox"/> 4	Below average <input type="checkbox"/> 5
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**5. How well would you say you do at sports compared with other people your age? [also show card A3\_4]**

Above average <input type="checkbox"/> 1	Just above average <input type="checkbox"/> 2	Average <input type="checkbox"/> 3	Just below average <input type="checkbox"/> 4	Below average <input type="checkbox"/> 5
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### SECTION A4: SUBJECT CHOICE AND OPINIONS

**1. Did you, or do you plan, to sit the Leaving Certificate?**

Yes, have sat it.....	<input type="checkbox"/> 1	No.....	<input type="checkbox"/> 4	Go to Section A5.
Yes will sit it.....	<input type="checkbox"/> 2			
Yes sat it in previous year and now repeating .....	<input type="checkbox"/> 3			

**2. [If sat or plans to sit Leaving Cert], Are you doing/did you do Maths, English and Irish for the Leaving Cert? Please also rate whether you find/found that subject (a) useful for everyday life (b) interesting (c) how difficult they are/were (1=easy, 2 = moderate, 3 = difficult)**

Doing subject	Useful (Yes or No)		Interesting (Yes or No)		Difficult? (1 -3)		
	Yes	No	Yes	No	1	2	3
Mathematics <input type="checkbox"/> 1	<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
English <input type="checkbox"/> 1	<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
Irish/Gaeilge <input type="checkbox"/> 1	<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

**3. [If sat or plans to sit Leaving Cert], do we have your permission to link to your results?**

Yes.....	<input type="checkbox"/> 1	Go to A4, 5a	No.....	<input type="checkbox"/> 2	Go to A4, 4a
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**4a. [If no permission to access Leaving Cert results and doing Regular Leaving Cert or Leaving Cert Vocational], Please indicate which subjects you are doing/did for the Leaving Cert, at what level (foundation, ordinary or higher) and if completed the grade you achieved. [show card A4\_4a]**

Doing subject	Level			Grade
	Foundation	Ordinary	Higher	
Accounting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Agricultural Economics.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Agricultural Science.....	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Ancient Greek.....	<input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Applied Mathematics.....	<input type="checkbox"/> 5	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Arabic.....	<input type="checkbox"/> 6	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Art.....	<input type="checkbox"/> 7	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Biology.....	<input type="checkbox"/> 8	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Business.....	<input type="checkbox"/> 9	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Chemistry.....	<input type="checkbox"/> 10	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Classical Studies.....	<input type="checkbox"/> 11	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Construction Studies.....	<input type="checkbox"/> 12	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Design and Communication Graphics.....	<input type="checkbox"/> 13	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Economics.....	<input type="checkbox"/> 14	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Engineering.....	<input type="checkbox"/> 15	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
French.....	<input type="checkbox"/> 16	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Geography.....	<input type="checkbox"/> 17	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
German.....	<input type="checkbox"/> 18	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Hebrew Studies.....	<input type="checkbox"/> 19	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
History.....	<input type="checkbox"/> 20	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Home Economics.....	<input type="checkbox"/> 21	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Italian.....	<input type="checkbox"/> 22	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Japanese.....	<input type="checkbox"/> 23	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Latin.....	<input type="checkbox"/> 24	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Music.....	<input type="checkbox"/> 25	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Physics.....	<input type="checkbox"/> 26	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Physics and Chemistry.....	<input type="checkbox"/> 27	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Religious Education.....	<input type="checkbox"/> 28	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Russian.....	<input type="checkbox"/> 29	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Spanish.....	<input type="checkbox"/> 30	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Technology.....	<input type="checkbox"/> 31	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____

**4b. [If no permission to access Leaving Cert results and doing Leaving Cert Applied], Please indicate which vocational specialisms/elective modules you take or will take in Leaving Cert Applied Course. [show card A4\_4b]**

**Vocational Specialisms**

Agriculture/Horticulture.....	<input type="checkbox"/> 1
Childcare/Community Care.....	<input type="checkbox"/> 2
Graphics and Construction Studies.....	<input type="checkbox"/> 3
Craft and Design.....	<input type="checkbox"/> 4
Engineering.....	<input type="checkbox"/> 5
Hair and Beauty.....	<input type="checkbox"/> 6
Hotel, Catering and Tourism.....	<input type="checkbox"/> 7
Office Administration and Customer Care.....	<input type="checkbox"/> 8
Technology.....	<input type="checkbox"/> 9
Information and Communication Technology (follow-on to Introduction to ICT).....	<input type="checkbox"/> 10
Active Leisure Studies (follow-on to Leisure and Recreation).....	<input type="checkbox"/> 11

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

Vocational Preparation & Guidance.....	<input type="checkbox"/> 12
Arts Education.....	<input type="checkbox"/> 13
Modern Language.....	<input type="checkbox"/> 14
Sign Language.....	<input type="checkbox"/> 15

Leisure and Recreation ..... <sub>16</sub>  
 Religious Education..... <sub>17</sub>  
 Science..... <sub>18</sub>

**5a. Looking back, do you have any regrets about your subject choice for the Leaving Cert?**

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

**5b. If yes, what regrets do you have?** \_\_\_\_\_

**6. [If going to sit the Leaving Cert] How important is it to you to do well in your Leaving Cert exam?**

Very important ..... <sub>1</sub> Important..... <sub>2</sub> Not very important ..... <sub>3</sub>

**SECTION A5: CAREER GUIDANCE/ROLE OF INDIVIDUALS IN CAREER PLANNING**

**1. [FOR ALL]: Looking at each of the following people [show card A5\_1], whom did you consult to help you decide what to do after you leave/left school? And how important has each of them been in helping you decide?**

	Consulted	Very important	Important	Not important
The Guidance Counsellor.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Your class tutor/ year head .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Your subject teacher(s) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Your friend(s) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Your mother.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Your father.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Older brother or sister .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Other family member.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Someone else.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**2. [If still in school or left later than Junior Cert] In thinking about what you will (would) do after you leave school, have you done any of the following? Tick all that apply. [show card A5\_2]**

- Had a class session with the guidance counsellor in your school ..... <sub>1</sub>
- Had an individual appointment with the guidance counsellor in your school..... <sub>2</sub>
- Talked to another teacher .....
- Talked to a private guidance counsellor outside school .....
- Had career talks at your school.....
- Used a specialist guidance website (such as Qualifax) .....
- Looked at university/institute of technology/college websites.....
- Looked at other internet sites.....
- Gone to a university/institute of technology/college open day .....
- Talked to someone you know working in the area .....
- Had a work experience placement in the area you're interested in pursuing .....
- Other (please specify) \_\_\_\_\_ .....

**SECTION A6: ADDITIONAL SUPPORTS/SPECIAL EDUCATIONAL NEEDS**

**1. Some students get extra help at school in some subjects (such as English or Maths). Have you received/did you receive any extra help within school this/most recent year?**

Yes, at the moment ..... <sub>1</sub> Yes, earlier in the year ..... <sub>2</sub> No ..... <sub>3</sub> go to A6, Q5

**2. What subjects did you get extra help in? Please tick ALL that apply.**

English/reading ..... <sub>1</sub> Maths ..... <sub>2</sub> Irish..... <sub>3</sub> Other (specify) \_\_\_\_\_ ..... <sub>3</sub>

**3. Was this extra help:**

- Peer-mentoring scheme..... <sub>1</sub>
- Individual (one-to-one) tuition..... <sub>2</sub>
- In a small group..... <sub>3</sub>
- In a large group outside your regular class..... <sub>4</sub>
- Other, please describe..... <sub>5</sub>

**4. Did you find this help useful?**

Yes, a lot ..... <sub>1</sub> Yes, a little ..... <sub>2</sub> Not really..... <sub>3</sub>

5. If YOU DID NOT GET ANY EXTRA HELP, would you have liked extra help within school with any subjects?

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

6. [All] Do you have any particular special educational need or disability that affected/affects your learning while at school or college (other than 'exceptionally able' or 'gifted')?

Yes ..... <sub>1</sub> No ..... <sub>2</sub> go to Section A7

7. [If yes to special educational needs at A6, Q6 and now in further/higher education] Do you receive any extra educational supports in your further/higher education course?

Yes ..... <sub>1</sub> No ..... <sub>2</sub> go to A6, Q10 No longer required ..... <sub>3</sub> go to A7, Q1

8. What form does this support take?

\_\_\_\_\_ (OPEN ENDED)

9. Do you find this support useful?

Yes, a lot ..... <sub>1</sub> Yes, a little ..... <sub>2</sub> Not really ..... <sub>3</sub>

10. If you do not get any extra support, would you like to?

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

### SECTION A7: PARENTAL/FAMILIAL ENGAGEMENT

1. [All] In this/most recent school or college year, how often have/did your parent(s):  
(Please tick ONE box on each line.) [show card A7\_1]

	Never or hardly ever	A few times a year	About once a month	Several times a month	Several times a week
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- a. Discussed how you are getting on with different subjects at school/college? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- b. Asked how you are/were coping with the amount of work (course-work etc) for your courses? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- c. Asked how you are/were getting on with your teachers/lecturers? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- d. Discussed your plans for the future? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- e. Asked how you are/were getting on with friends? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- f. Discussed how you did in tests or exams? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>

2. Do/did you ever receive help from your parents or brothers and sisters with homework or study?

Yes, often ..... <sub>1</sub> Yes, sometimes ..... <sub>2</sub> No ..... <sub>3</sub>

3. Do/did you ever receive help from your friends with homework or study?

Yes, often ..... <sub>1</sub> Yes, sometimes ..... <sub>2</sub> No ..... <sub>3</sub>

### SECTION A8: HOMEWORK AND GRINDS

1. [All] In this/most recent school year, have you had/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>

2. Did you find these grinds useful?

Yes, a lot..... <sub>1</sub> Yes, a little ..... <sub>2</sub> Not really... <sub>3</sub>

3. [If still in school] Do you plan to take any grinds before the Leaving Certificate exam?

Yes, definitely ..... <sub>1</sub>  
Yes, probably ..... <sub>2</sub>  
No ..... <sub>3</sub>

## SECTION A9: PART-TIME WORK/WORK EXPERIENCE/ACTIVITIES

1. **[All]** (Do/Did) you ever do any work in a part-time *paid* job in term-time while you are/were attending school or college, even if it is/was only for an hour or two now and then? Please don't include jobs you only (do/did) during the school holidays or voluntary work

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

No ..... <sub>2</sub> go to A9, Q4

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

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

3. How much money (do/did) you earn on average each week through part-time work during term-time?

(Enter number of euro. If respondent does not get paid enter '0'.) \_\_\_\_\_

4. 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>

5. During this/most recent school year (have you had/ 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>

6. In the past year, have you taken part in any of the following activities, and, if yes, did they have to be paid for?

(Please mark **all** that apply). [show card A9\_6]

	Activity	Paid For?	
		Yes	No
a) Sports clubs/teams.....	<input type="checkbox"/> <sub>1</sub> -----	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b) School/student councils .....	<input type="checkbox"/> <sub>1</sub> -----	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c) Breakfast club or after school club .....	<input type="checkbox"/> <sub>1</sub> -----	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d) Holiday Clubs or activities .....	<input type="checkbox"/> <sub>1</sub> -----	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
e) Computer clubs/groups .....	<input type="checkbox"/> <sub>1</sub> -----	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
f) Art, drama, dance or music clubs/groups/rehearsals.....	<input type="checkbox"/> <sub>1</sub> -----	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
g) Religious groups or organisations.....	<input type="checkbox"/> <sub>1</sub> -----	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
h) Scouts or Guides.....	<input type="checkbox"/> <sub>1</sub> -----	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
i) Youth clubs where you can hang out with other people .....	<input type="checkbox"/> <sub>1</sub> -----	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
j) Environmental clubs/groups .....	<input type="checkbox"/> <sub>1</sub> -----	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
k) Games/hobbies clubs .....	<input type="checkbox"/> <sub>1</sub> -----	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
l) Helping in the local community.....	<input type="checkbox"/> <sub>1</sub> -----	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
m) Other, please specify: _____ .....	<input type="checkbox"/> <sub>1</sub> -----	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

7a. Do you receive regular pocket-money or an allowance from a parent or other relative? Do not include money you earn from a part-time or full-time job.

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

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

7b. [show card A9\_7b] From whom do you receive this pocket-money or allowance? [tick all that apply]

- a. Resident parent(s) or step-parent(s) ..... <sub>1</sub>
- b. Non-resident parent..... <sub>2</sub>
- c. Grandparent(s) ..... <sub>3</sub>
- d. Your partner..... <sub>4</sub>
- e. Another relative (please specify) \_\_\_\_\_ ..... <sub>5</sub>

7c. Thinking about all the money you receive in pocket-money or an allowance, how much would you say you receive in a typical month in total?

€ \_\_\_\_\_ (amount per month)



8a. [show card A9\_8] Do you receive any other money (not a loan) on a regular or fairly regular basis from someone who is not a relative (e.g. a friend)? Do not include money you earn from a part-time or full-time job or a regular allowance included in the previous question.

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

8b. From whom? [tick all that apply]

- a. Your boyfriend/girlfriend/partner ..... <sub>1</sub>
- b. Your child's other parent (if not also your boyfriend/girlfriend/partner) ..... <sub>2</sub>
- c. Friend(s) ..... <sub>3</sub>
- d. Someone else (please specify) ..... <sub>4</sub>

8c. Thinking about all the people (not relatives) who give you money on this regular or fairly regular basis, how much would you say you receive in a typical month in total?  
 € \_\_\_\_\_ (amount per month)

9a. [show card A9\_9] In the past year, did you receive any other money on an occasional basis from either relatives or friends (not a loan)? Do not include money you earned from a part-time or full-time job or any regular money included in the previous questions

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

9b. From whom did you receive this money (list all that apply)?

\_\_\_\_\_ (OPEN ENDED)

9c. Thinking about all the people who gave you money on this occasional basis in the PAST YEAR, how much would you say you received in total over the YEAR?  
 € \_\_\_\_\_ (amount per YEAR)

10a. Are you personally in receipt of any social welfare payments?

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

10b. What payments are these?

\_\_\_\_\_ (OPEN ENDED)

10c. Thinking about all the social welfare payments you receive, how much would you say you get in a typical month in total?  
 € \_\_\_\_\_ (amount per month)

## SECTION A10: ATTITUDES/ASPIRATIONS FOR FUTURE EDUCATION AND TRAINING

1. [If still at school or planning to return to education next year] What do you think you are most likely to do when you leave school/return to education? (Please pick one option.) [show card A10\_1]

- Get a full-time job ..... <sub>1</sub> go to A10, Q9
- Repeat the Leaving Certificate ..... <sub>2</sub> go to A10, Q2a
- Higher Level Degree (University, Institute of Technology) ..... <sub>3</sub> go to A10, Q2a
- Ordinary Level Degree (Institute of Technology) ..... <sub>4</sub> go to A10, Q2a
- National Diploma (Institute of Technology) ..... <sub>5</sub> go to A10, Q2a
- Post-Leaving Certificate (PLC) course ..... <sub>6</sub> go to A10, Q2a
- Apprenticeship ..... <sub>7</sub> go to A10, Q3
- Other SOLAS (or related) training ..... <sub>8</sub> go to A10, Q3
- Take a 'year out' before going to college ..... <sub>9</sub> go to A10, Q2a
- Apply to join the defence forces ..... <sub>10</sub> go to A10, Q4a
- Apply to join the police/Gardaí ..... <sub>11</sub> go to A10, Q4b
- Other (please explain) ..... <sub>12</sub> go to A11, Q9

2a. [If yes to higher/further education] Have you decided what course or subject you would like to study at university/college/institute of technology?

Yes ..... \_1\_ go to A11\_Q2b No .... \_2\_ go to A10\_Q6

2b. [Int: Following questions to refer to first preference course] What is it?

OPEN ENDED \_\_\_\_\_

2c. Where do you plan on doing it (which institution)?

OPEN ENDED \_\_\_\_\_ go to A10, Q6

3a. [If yes to apprenticeship or SOLAS course] Have you decided what trade or subject you would like to do during your apprenticeship/training course?

Yes ..... \_1\_ go to A11, Q3b No ..... \_2\_ go to A10, Q10

3b. What is it?

OPEN ENDED \_\_\_\_\_

3c. Where (or with whom) do you plan on doing the course or apprenticeship?

OPEN ENDED \_\_\_\_\_ go to A10, Q10

4a. [If yes to applying to join defence forces] Which branch of the defence forces do you plan to apply to?

Army..... \_1\_ Air Corps..... \_2\_ Naval Service ..... \_3\_ Haven't decided ..... \_4\_

4b. [If applying to defence forces or police/Gardaí] Will this be with the Irish force(s) or somewhere else? All go to A10,Q10

Yes ..... \_1\_ Somewhere else (please specify) \_\_\_\_\_ \_2\_

5. [If still in school and planning further education or already in further/higher education or planning to return to education next year] Have you applied/will you apply through the CAO?

Yes ..... \_1\_ No ..... \_2\_

6. May we have your permission to link to the CAO database?

Yes ..... \_1\_ No ..... \_2\_

7. [If still in school and planning further education or already in further/higher education or planning to return to education next year] To what extent, have/did the following considerations influence your (first) choice of third-level institution? [show card A10\_7]

	Very important	Fairly important	Not very important	Not at all important
a. [The institution] offered the subject/course I wanted to do.....	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_
b. Would allow me to live at home.....	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_
c. There were good transport links between it and home .....	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_
d. I wanted to live in a new city/country.....	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_
e. My friend(s) were going there.....	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_
f. My family members were going or went there .....	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_
g. It had a good reputation .....	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_
h. My parents encouraged me to go there .....	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_
i. My teacher or guidance counsellor recommended it .....	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_
j. I felt the size of it (in terms of student numbers) would suit me .....	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_
k. Something else (please specify) _____ .....	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_

8. [If not applying/going to third level or further education or planning to return next year], how likely do you think it is that you will return to full-time education in the next 5 years?

Very likely ..... \_1\_

Fairly likely ..... \_2\_

Not very likely ..... \_3\_

Not at all likely ..... \_4\_

**9. [If not already in higher education]** Here are some things that young people have said about University/Institutes of Technology and Higher Education. Please say how much you agree or disagree with each of these. [show card A10\_9]

Strongly agree      Agree      Disagree      Strongly disagree

- a. I don't need to have a University/Institute of Technology degree to get the kind of job I want to do ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>
- b. Most of my friends are planning to go to University/Institutes of Technology ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>
- c. People like me don't go to University/Institutes of Technology ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>

**10. [If not already in higher education]** Have the financial aspects of going to University/Institutes of Technology, that is the costs of fees and living expenses, ever made you think about NOT applying?

Yes, to a great extent ..... <sub>1</sub>      Yes, to some extent ..... <sub>2</sub>      No ..... <sub>3</sub>

**11. Which, if any, of the following financial aspects of going to university are you concerned about?**

TICK ALL THAT APPLY [show card A10\_11]

1. Level of tuition fees/registration fee ..... <sub>1</sub>
2. Living costs (rent, food, travel, etc) ..... <sub>2</sub>
3. Having to borrow money/get into debt ..... <sub>3</sub>
4. Having to rely on parents for money ..... <sub>4</sub>
5. Something else (please specify) \_\_\_\_\_ ... <sub>5</sub>
6. None of these ..... <sub>6</sub>

**SECTION A11: INVOLVEMENT IN FURTHER/HIGHER EDUCATION (EVEN IF NOW DISCONTINUED WHERE APPLICABLE)**

*General routing: Only those who have left school*

**1. Since leaving school, did you participate in any of the following on a full- or part-time basis – even if you did not complete the course or are still actively pursuing it (Tick all that apply) [Show card A11\_1]**

- |   |                                       |  |  |
|---|---------------------------------------|--|--|
| Postgraduate course (NFQ Level 9).....        | <input type="checkbox"/> <sub>1</sub> | SOLAS (FÁS) course.....                  | <input type="checkbox"/> <sub>8</sub>  |
| Honours Bachelor Degree (NFQ Level 8) .....   | <input type="checkbox"/> <sub>2</sub> | SOLAS (FÁS) apprenticeship.....          | <input type="checkbox"/> <sub>9</sub>  |
| Ordinary Bachelor Degree (NFQ Level 7) .....  | <input type="checkbox"/> <sub>3</sub> | City & Guilds course/apprenticeship..... | <input type="checkbox"/> <sub>10</sub> |
| Higher Certificate Course (NFQ Level 6) ..... | <input type="checkbox"/> <sub>4</sub> | Other apprenticeship course .....        | <input type="checkbox"/> <sub>11</sub> |
| Certificate Course (NFQ Level 5) .....        | <input type="checkbox"/> <sub>5</sub> | Youth Reach Programme .....              | <input type="checkbox"/> <sub>12</sub> |
| Certificate Course (NFQ Level 4) .....        | <input type="checkbox"/> <sub>6</sub> | Other, please specify.....               | <input type="checkbox"/> <sub>13</sub> |
| Post-Leaving Cert Course .....                | <input type="checkbox"/> <sub>7</sub> | None <b>go to A12,Q1</b> .....           | <input type="checkbox"/> <sub>14</sub> |

**2. If you have taken more than one course or apprenticeship, please answer the following questions in relation to the most recent course or apprenticeship:**

**2a. Please give the name and address of the college or institution you are attending [attended] or business where you are doing your apprenticeship:**

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

**2b. Please give the name of the course(s) or apprenticeship you are following (followed) (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)

**2c. Date Course Started:**    Month \_\_\_\_\_    Year \_\_\_\_\_

**2d. Expected total duration of course from beginning to end:** \_\_\_\_\_ Months    \_\_\_\_\_ Years

**2e. Are you receiving (did you receive) any type of grant to cover registration fees?**

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

**2e. Are you receiving (did you receive) any type of grant to cover maintenance expenses?**

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

**2f. Are you still on this course, did you complete it or did you leave before completion?**

Still on course..... <sub>1</sub> go to A11, Q3 Completed course..... <sub>2</sub> go to A11, Q3 Left before completion, <sub>3</sub> go to Q2g

**2g. If you left before completion, why did you leave? (Tick all that apply and choose one as the main reason) [show card A11\_2g]**

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

**3. [If not on a degree or higher certificate course – if on a degree course go straight to A11, Q11] Did you ever apply for a place in higher education (third level) in Ireland and/or elsewhere? [Tick all that apply]**

Yes, in Republic of Ireland <sub>1</sub> Go to A11, Q4 Yes, outside of Rep of Ireland <sub>2</sub> Go to A11, Q4 No <sub>3</sub> Go to A11, Q5

**4. [If yes] Which type of course(s) did you apply for? [Tick all that apply] [show card A11\_4]**

Honours Bachelor Degree (NFQ Level 8).....	<input type="checkbox"/> <sub>1</sub>	Go to Q6
Ordinary Bachelor Degree (NFQ Level 7).....	<input type="checkbox"/> <sub>2</sub>	Go to Q6
Higher Certificate Course (NFQ Level 6).....	<input type="checkbox"/> <sub>3</sub>	Go to Q6
Outside Republic of Ireland.....	<input type="checkbox"/> <sub>4</sub>	Go to Q6

**5. If no, why did you not apply for a place in higher education? Tick all that apply [show card A11\_5]**

Wasn't interested or didn't think it was for me.....	<input type="checkbox"/> <sub>1</sub>
Didn't think I would get the grades.....	<input type="checkbox"/> <sub>2</sub>
Wanted to earn money straight away.....	<input type="checkbox"/> <sub>3</sub>
Felt I couldn't afford it/ too expensive.....	<input type="checkbox"/> <sub>4</sub>
Wanted to travel/have gap year/take time out.....	<input type="checkbox"/> <sub>5</sub>
Wanted to do other education/training instead.....	<input type="checkbox"/> <sub>6</sub>
My family didn't encourage me to.....	<input type="checkbox"/> <sub>7</sub>
My school/teachers didn't encourage me to.....	<input type="checkbox"/> <sub>8</sub>
Other (please specify).....	<input type="checkbox"/> <sub>9</sub>

Routing: if on some sort of further education course (but not degree or higher certificate level) go to A11, Q11 – else go to Section A12

**6. [If applied for place] Were you offered a place on a higher education (third level) course in Republic of Ireland and/or elsewhere?**

Yes ..... <sub>1</sub> go to Q7 No ..... <sub>2</sub> go to A12

**7. If yes, which of the following were you offered? (Tick all that apply)**

Honours Bachelor Degree (NFQ Level 8).....	<input type="checkbox"/> <sub>1</sub>	go to Q8
Ordinary Bachelor Degree (NFQ Level 7).....	<input type="checkbox"/> <sub>2</sub>	go to Q8
Higher Certificate Course (NFQ Level 6).....	<input type="checkbox"/> <sub>3</sub>	go to Q8
Outside Republic of Ireland.....	<input type="checkbox"/> <sub>4</sub>	go to Q8

**8. [If offered place] Did you accept any offer?**

Yes ..... 1 go to Q9      No ..... 2 go to Q10

**9. If yes, which of the following?**

Honours Bachelor Degree (NFQ Level 8) ..... 1 go to Q11  
 Ordinary Bachelor Degree (NFQ Level 7) ..... 2 go to Q11  
 Higher Certificate Course (NFQ Level 6) ..... 2 go to Q11  
 Other ..... 4 go to Q11

**10. If no, why not? Tick one box for the main reason. [show card A11\_10]**

- a) Wasn't interested or didn't think it was for me ..... 1 Go to A12
- b) Did not get my preferred course ..... 2 Go to A12
- c) Did not get location of choice ..... 3 Go to A12
- d) Wanted to earn money straight away ..... 4 Go to A12
- e) Felt I couldn't afford it/ too expensive ..... 5 Go to A12
- f) Wanted to travel/have gap year/take time out ..... 6 Go to A12
- g) Wanted to do other education/training instead ..... 7 Go to A12
- h) Wanted to repeat my Leaving Certificate ..... 8 Go to A12
- i) My family didn't encourage me to ..... 9 Go to A12
- j) Other (please specify) \_\_\_\_\_ ..... 10 Go to A12

**11. How do/did you fund your studies? Tick all that apply [show card A11\_11]**

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

**SECTION A12: EARLY SCHOOL LEAVING**

*General routing: Only asked of those who left school before Leaving Cert (Section A1)*

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

**2. [show card A12\_2] What were the main factors influencing you to leave school before the Leaving Cert? [Tick all that apply]**

- a. Found school work difficult ..... 1
- b. Found school work boring/not interesting ..... 2
- c. Didn't get on with teachers ..... 3
- d. Didn't get on with other students ..... 4
- e. Suspended from school ..... 5
- f. Expelled from school ..... 6
- g. Special educational needs ..... 7
- h. Other school related factors (specify) \_\_\_\_\_ 8
- i. Health factors (own illness/disability) ..... 9
- j. Wanted to get a job and earn money ..... 10
- k. Other economic/job factors (specify) \_\_\_\_\_ 11
- l. Family factors (specify) \_\_\_\_\_ 12
- m. Other reasons (specify) \_\_\_\_\_ 13

**3. Did any of your friends leave school at around the same time?**

Yes ..... 1      No ..... 2

**4a. Have any of your brothers or sisters left school before the Leaving Cert?**

Don't have brothers or sisters ..... 1 go to A12, Q5  
 No, all brothers or sisters either still in school or completed the Leaving Cert ..... 2 go to A12, Q5  
 Yes ..... 3 go to A12, Q4b

**4b. If yes, are these your older or younger siblings? [Tick all that apply]**

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

**5. [If not applying/going to third level or further education], 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 A13: OCCUPATIONAL ASPIRATIONS/ATTITUDES TO WORK**

**1. Looking to the future when you have finished your education, we would like to know what job you would like to have.**

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

\_\_\_\_\_

**(b) What job do you expect to get (if different from ideal choice)?**

\_\_\_\_\_

**2. 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] [show card A13\_2]**

- a. High income..... <sub>1</sub>
- b. A job that offered good training opportunities ..... <sub>2</sub>
- c. An interesting job..... <sub>3</sub>
- d. Flexible working hours..... <sub>4</sub>
- e. Generous holidays/time off..... <sub>5</sub>
- f. A good step on the career ladder ..... <sub>6</sub>
- g. Reasonable commute ..... <sub>7</sub>
- h. Nice working environment/co-workers ..... <sub>8</sub>
- i. A job that allows someone to work independently ..... <sub>9</sub>
- j. A job that allows someone to help other people ..... <sub>10</sub>
- k. A job that is useful to society..... <sub>11</sub>
- l. Job security ..... <sub>12</sub>
- m. Opportunity to travel/work abroad ..... <sub>13</sub>
- n. Other (please specify)\_\_\_\_\_ <sub>14</sub>

**3. [Show card A13\_3] On this card are some statements about how people feel toward their life circumstances. Please use the scale provided to indicate how you feel in terms of each statement.**

- |  | Entirely<br>true                      | True for the<br>most part             | Somewhat<br>true                      | A little<br>true                      | Not at<br>all true                    |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. You consider yourself to be an adult.....     | <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. You feel respected by others as an adult..... | <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. You feel that you have matured fully .....    | <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> |

**4. [Show card A13\_4] 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<br>at all               |                                       |                                       |                                       |                                       | very<br>important                     |
|---------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 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> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</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> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</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> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</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> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</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> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| F. .... | <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> |
| G. .... | <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> |
| H. .... | <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> |

- J. .... 1..... 2..... 3..... 4..... 5..... 6
- K. .... 1..... 2..... 3..... 4..... 5..... 6
- L. .... 1..... 2..... 3..... 4..... 5..... 6
- M. .... 1..... 2..... 3..... 4..... 5..... 6

5. [Show card A13\_5] Looking at the statements listed on this card, please tell me how much you agree or disagree with each statement?

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

6. [Show card A13\_6] Please look at this card and tell me, for each item listed, how much you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**SECTION A14: WORK STATUS AND HISTORY**  
*General routing: Only if left education*

1. Did you hold a job last week, even for a short time?

Yes ..... 1      No ..... 2

2. Have you ever had a paid job since leaving school (other than summer work or part-time employment while at school)?

Yes ..... 1      No ..... 2 *go to A15*

3(a) In relation to the current/most recent job you held/hold, how would you describe it? [show card A14\_3]

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

(b) When did you take up the current/most recent job you held/hold?

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

(c) (route on Q1, A1 – current PES) If no longer working, when did this most recent job end?

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

*Following questions refer to current or most recent job noted in Q3a-c*

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

---

5. In relation to this job, what was your employment status?

- Employer ..... <sub>1</sub>  
Self-employed without paid employees ..... <sub>2</sub>  
Employee ..... <sub>3</sub>  
Assisting a relative (not receiving a fixed salary or wage) ..... <sub>4</sub>

6. What is/was the usual number of hours (per week) you work/ed in this job?

Number of hours \_\_\_\_\_

7. In relation to the last or current job held, how much did you earn per week? (to nearest €)

a. Gross (Before Deductions)

b. Net (take-home pay)

€ \_\_\_\_\_

€ \_\_\_\_\_

8. Did you receive any training in your last or current job?

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

9. Thinking of all of the tasks involved in your last or current job, to what extent do you use the knowledge and skills you acquired in the course of your education and training? Please answer on a scale from 1 to 4, where 1 means 'To a very great extent' and 4 means 'Not at all'.

1	2	3	4
To a very great extent			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>

10a. Thinking of all aspects of your current job (e.g. position, tasks, pay etc.), do you feel that your current job is appropriate to your level of education?

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

10b. Why not? \_\_\_\_\_ (OPEN ENDED)

11. How secure do you feel your job is?

Very secure	Fairly Secure	Insecure	Very insecure
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

12. (a) Have you ever been unemployed since leaving school?

Yes ..... <sub>1</sub> go to Q12b ..... No ..... <sub>2</sub> go to Q13

(b) How many separate periods of unemployment have you experienced (i.e. how many times have you had spells of unemployment of one week or more between jobs?)

\_\_\_\_\_ number of periods of unemployment

(c) What is/was the total length of time you were unemployed across all periods or spells of unemployment? Please answer in weeks

\_\_\_\_\_ weeks



13. How many different jobs or periods of employment have you had (i.e. where you have changed employer or have had a period of unemployment between jobs – do not count changes of role/promotions/different sites with the same employer if there was no break of employment in between)?

\_\_\_\_\_ number of jobs

**SECTION A15: CITIZENSHIP, IDENTITY AND CIVIC PARTICIPATION**

1. Generally speaking, would you say that most people can be trusted? Please give your answer on a scale of 1 to 10, where 1 means that “you can’t be too careful in dealing with people” and 10 means that “most people can be trusted”?

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

2. Please look at this card [show card A15\_2] 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 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. The courts system.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

3(a). Do you currently, or have you in the past year, regularly volunteer(ed) with any organisation?

Yes, currently ..... 1 Yes, in the past year..... 2 No ..... 3 go to Q4a

3(b). Please describe the nature of this volunteer work – who with, what you do/did with them, etc.  
 \_\_\_\_\_

3(c). On average, how many hours per month do/did you spend doing voluntary work?  
 \_\_\_\_\_ hours per month

4a. Do you have a social media profile or account on any sites or apps?

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

4b. [Show card A15\_4b] Looking at this card, which social media sites or apps do you use? And which is the main one/the one that you use most?

	Have	Use most
Ask.FM .....	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Bebo .....	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Blogger .....	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Facebook.....	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Flickr.....	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Google+ (including Google Hangouts) .....	<input type="checkbox"/> 6	<input type="checkbox"/> 6
hi5 .....	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Instagram.....	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Jabble .....	<input type="checkbox"/> 9	<input type="checkbox"/> 9
MySpace.....	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Piczo.....	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Pinterest .....	<input type="checkbox"/> 12	<input type="checkbox"/> 12
SnapChat.....	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Tumblr .....	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Twitter .....	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Vimeo .....	<input type="checkbox"/> 16	<input type="checkbox"/> 16
Vine .....	<input type="checkbox"/> 17	<input type="checkbox"/> 17
WhatsApp .....	<input type="checkbox"/> 18	<input type="checkbox"/> 18
YouTube .....	<input type="checkbox"/> 19	<input type="checkbox"/> 19
Other (please specify).....	<input type="checkbox"/> 20	<input type="checkbox"/> 20

**4c. Thinking about your main social media site or app, do you know if this profile can be seen by other people?**

- 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

**4d. What groups, organisations or public individuals do you most like to 'follow' on social media? Examples might include musicians, sports clubs, politicians, religious organisations, charities, media outlets, retailers or special interest groups. Please rank the top five in order of their importance to you. Give a description or their hashtag. [Interviewer: can record fewer than five if that is all that applies]**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**5(a). Do you belong to any religion?**

Yes..... 1                      No ..... 2 go to Q6

**5(b). Which religion?**

1. Christian – no denomination..... 1
2. Roman Catholic..... 2
3. Anglican/Church of Ireland/Episcopalian ..... 3
4. Other Protestant ..... 4
5. Jewish..... 5
6. Muslim ..... 6
7. Other (please specify) \_\_\_\_\_..... 7

**5(c). How often do you attend religious services? [show card A15\_5]**

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

**6. 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

**7. Please look at this card and tell me, for each item listed, how much you agree or disagree with each statement. [show card A15\_7]**

- |  | Strongly Agree             | Agree                      | Disagree                   | Strongly Disagree          |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. It does not really make much difference which political party is in power in Ireland. ....              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. Politicians are mainly in politics for their own benefit and not for the benefit of the community. .... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. None of the political parties would do anything to benefit me. ....                                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**8a. Are you a citizen of Ireland?**                      Yes ..... 1      No..... 2

**8b. What citizenship do you hold?** \_\_\_\_\_

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

**10(a). 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 1      Probably living in Ireland 2      Possibly living in Ireland but also possibly living abroad 3      Very likely/almost certain to be living abroad 4

**10(b). If it is possible or very likely you will not be resident in Ireland in five years' time, why do you think so? [show card A15\_10]**

- 1. Family are emigrating ..... 1
- 2. To pursue an education course abroad ..... 2
- 3. To get a job/economic reasons ..... 3
- 4. I want to travel/see the world..... 4
- 5. I want to improve my foreign language skills ..... 5
- 6. Other (please specify) \_\_\_\_\_ 6

**11. 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. [show card A15\_11]**

- |  | Very Common                | Fairly common              | Not very common            | Not at all common          |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| A. Rubbish and litter lying about.....               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| B. Homes and gardens in bad condition .....          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| C. Vandalism and deliberate damage to property.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| D. People being drunk or taking drugs in public..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**12. To what extent do you agree or disagree with these statements? [show card A15\_12]**

- |  | Strongly Agree             | Agree                      | Disagree                   | Strongly Disagree          |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| A. This is a safe area.....  | <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. I am happy living in this area .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| D. I 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 where teenagers can safely hang out.....                                  | <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 in this area..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| G. I have lots of family living in this area .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| H. I have lots of friends living in this area.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**13. Which of these modes of transport do you use on a regular basis (i.e. once a week or more often)? Tick all that apply [show card A15\_13]**

- 1. Car/van (as a driver)..... 1
- 2. Car/van (as a passenger)..... 2
- 3. Scooter/moped/motorcycle (as a driver) .....
- 4. Scooter/moped/motorcycle (as a passenger) .....
- 5. Cycling..... 5
- 6. Walking..... 6
- 7. Bus/coach..... 7
- 8. Train .....
- 9. Tram (Luas)..... 9
- 10. Tractor .....
- 11. Other (please specify) \_\_\_\_\_ 11

**14. Do you wear a seatbelt?**

Always ..... 1      Sometimes .... 2      Never..... 3

**15. Do you wear a helmet?**

Always ..... 1      Sometimes .... 2      Never..... 3

**16. Do you have a full or provisional driving licence for any of the following vehicle types? Tick all that apply**

- |                                  | Full                       | Provisional                |
|----------------------------------|----------------------------|----------------------------|
| 1. Car/van .....                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| 2. Scooter/moped/motorcycle..... | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| 3. Tractor .....                 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |

17. [show card A15\_17] 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"/> 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 B: YOUNG PERSON'S HEALTH

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

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

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

Yes..... 1      No..... 2

**B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.**  
 [Int: Please record diagnosis, not symptoms of the problem. **If multiple, record most severe problem first**]

\_\_\_\_\_

\_\_\_\_\_

**If multiple health problems, answer the following in respect of first problem listed at B3**

**B4a. Has this problem, illness or disability been diagnosed by a medical professional?**

Yes..... 1      No..... 2

**B4b. Have you been prescribed medication for this problem? Please describe as fully as possible.**

\_\_\_\_\_

\_\_\_\_\_

**B5. Since when have you had this problem, illness or disability? \_\_\_\_\_(mth) \_\_\_\_\_(year)**

**B6. Are you hampered in your daily activities by this problem, illness or disability?**

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

**B7. 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

**B8. [Show card B8] 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>3</sub>	<input type="checkbox"/> <sub>4</sub>
B. A practice nurse .....	_____	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
C. Another medical doctor e.g. in a hospital .....	_____	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
D. Other professional, psychologist, psychiatrist, counsellor, etc .....	_____	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
E. A social worker .....	_____	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**B9. [Show card B9] Have you used any of the following complementary therapies to treat a physical, emotional or mental health condition (not as a 'special treat' or 'spa treatment')? [Tick all that apply]**

a. Herbalist .....	<input type="checkbox"/> <sub>1</sub>
b. Homeopath .....	<input type="checkbox"/> <sub>2</sub>
c. Reflexologist .....	<input type="checkbox"/> <sub>3</sub>
d. Acupuncturist .....	<input type="checkbox"/> <sub>4</sub>
e. Reiki practitioner .....	<input type="checkbox"/> <sub>5</sub>
f. Faith healer or someone with the 'cure' .....	<input type="checkbox"/> <sub>6</sub>
g. Something else (please specify) _____ .....	<input type="checkbox"/> <sub>7</sub>

### **SECTION C: DIETARY PROFILE; WEIGHT PERCEPTION; PHYSICAL EXERCISE, SLEEP AND DAYLIGHT EXPOSURE**

**C1. [Show card C1] Now I would like to ask you some questions about what you eat. Looking at Card C1, in the last 24 hours have you had the following foods and drinks once, more than once, or not at all?**

	Once	More than Once	Not At All
A. Fresh fruit .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
B. Fruit juice .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
C. Meat / Chicken / Fish .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
D. Eggs .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
E. Cooked vegetables .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
F. Raw vegetables or salad .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
G. Meat pie, hamburger, hot dog, sausage or sausage roll .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
H. Hot chips or French fries .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
I. Crisps or savoury snacks .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
J. Bread .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
K. Potatoes/ Pasta/ Rice .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
L. Cereals .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
M. Biscuits, doughnuts, cake, pie or chocolate .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
N. Cheese/yoghurt/ fromage frais .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
O. Low fat Cheese/ low fat yoghurt .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
P. Water (tap water / still water/ sparkling water) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Q. Soft drinks / minerals / cordial / squash (not diet) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
R. Soft drinks / minerals / cordial / squash (diet) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
S. Full cream milk or full cream milk products .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
T. Skimmed milk or skimmed milk products .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**C2. How many complete meals do you eat during the day almost every day? (do not include snacks or what you pick at during the day? (Interviewer: breakfast ought to include more than just coffee and biscuits)**

A. Only one complete meal (Complete breakfast, or lunch, or dinner) .....	<input type="checkbox"/> <sub>1</sub>
B. Two complete meals only (Lunch/dinner, or breakfast/dinner, or breakfast/lunch) .....	<input type="checkbox"/> <sub>2</sub>
C. Three complete meals (Breakfast, lunch and dinner) .....	<input type="checkbox"/> <sub>3</sub>

**C3. How many days per week do you eat breakfast? \_\_\_\_\_ [no. of days 0 - 7]**

**C4. How often would you eat out in a restaurant/café or get a take-away (include breakfast and lunch as well as dinner)?**

- A. Several times a week ..... <sub>1</sub>
- B. About once a week ..... <sub>2</sub>
- C. Once or twice a month ..... <sub>3</sub>
- D. Less often than once a month ..... <sub>4</sub>
- E. Rarely/never ..... <sub>5</sub>

**C5. How many cups of tea or coffee do you drink in a typical day? \_\_\_\_\_ no. of cups OR <sub>1</sub> don't drink tea/coffee**

**C6. 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) ..... <sub>1</sub>
- Vegan (no animal products at all) ..... <sub>2</sub>
- Pescatarian (eat fish but not meat) ..... <sub>3</sub>
- No ..... <sub>4</sub>

**C7. Do you use any of the following supplements? [TICK ALL THAT APPLY] [show card C7]**

- Multi-vitamins ..... <sub>1</sub>
- Individual vitamins or minerals (please specify) \_\_\_\_\_ ..... <sub>2</sub>
- Omega 3 ..... <sub>3</sub>
- Fish oil ..... <sub>4</sub>
- Protein shakes/powders/bars ..... <sub>5</sub>
- Creatine ..... <sub>6</sub>
- Non-prescribed steroids ..... <sub>7</sub>
- Supplements to block fat or carbohydrate absorption ..... <sub>8</sub>
- Something else (please specify) \_\_\_\_\_ ..... <sub>9</sub>

**C8. How many times in the past 14 days have you done at least 20 minutes of exercise hard enough to make you breathe fast and make your heart beat faster? (Hard exercise includes, for example, playing football, jogging, fast cycling). Include time spent in physical education class. [TICK ONE BOX ONLY]**

- None ..... <sub>1</sub>    1 to 2 days ..... <sub>2</sub>    3 to 5 days ..... <sub>3</sub>    6 to 8 days ..... <sub>4</sub>    9 or more days ..... <sub>5</sub>

**C9. How many times in the past 14 days have you done at least 20 minutes of light exercise that was not hard enough to make you breathe heavily and make your heart beat fast? (Light exercise includes walking or slow cycling). Include time spent in physical education class. [TICK ONE BOX ONLY]**

- None ..... <sub>1</sub>    1 to 2 days ..... <sub>2</sub>    3 to 5 days ..... <sub>3</sub>    6 to 8 days ..... <sub>4</sub>    9 or more days ..... <sub>5</sub>

**C10. On a nice warm day, how much time do you typically spend outside during the daylight hours, “without a roof over your head”?**

Think of your commute, places you regularly walk or cycle to, lunch breaks, sports and other activities you may be involved in. [show card C10]

**a. On weekdays when you would be at school or work:**

- 0-15 minutes    15-30 minutes    30-60 minutes    1-2 hours    2-4 hours    over 4 hours
- <sub>1</sub>                      <sub>2</sub>                      <sub>3</sub>                      <sub>4</sub>                      <sub>5</sub>                      <sub>6</sub>

**b. On days that you are off:**

- 0-15 minutes    15-30 minutes    30-60 minutes    1-2 hours    2-4 hours    over 4 hours
- <sub>1</sub>                      <sub>2</sub>                      <sub>3</sub>                      <sub>4</sub>                      <sub>5</sub>                      <sub>6</sub>

**C11. Looking at this card [show card C11], which of the following (1–6) best describes your skin type?**  
**[TICK ONE BOX ONLY]**

<b>Your Type:</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>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Skin Colour	Very pale or pale white	Pale white	White, light brown	Medium to dark brown	Dark brown	Black
Tanning	Burns very easily, never tans	Burns easily, rarely tans	Sometimes burns, gradually tans	Hardly ever burns, tans easily	Rarely burns, tans easily and quickly	Never burns, tans very dark

*The following are some questions on your sleeping patterns.*

**C12. 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)

**C13. And on a normal weekday, what time do you normally get up? (note that this may be different from the time you wake up)**

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

**C14. On a normal week-night, how long do you usually sleep? Do not include time you spend awake in bed.**

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

**C15. Do you share a bedroom?**

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

**C16. 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>

**C17. What is the nature of your sleep difficulty (tick all that apply) [show card C17]**

- Can't get to sleep at night..... <sub>1</sub>
- I go to sleep at first but wake up during the night..... <sub>2</sub>
- I wake up too early in the morning ..... <sub>3</sub>
- I find it very difficult to wake up in the morning ..... <sub>4</sub>
- Sleep is regularly disrupted by someone/something else ..... <sub>5</sub>
- I fall asleep at inappropriate times ..... <sub>6</sub>
- Nightmares/night terrors..... <sub>7</sub>
- Sleep-walking ..... <sub>8</sub>
- Something else (please specify) ..... <sub>9</sub>

**C18. Do you regularly do any of the following when you go to bed, before you go to sleep? (tick all that apply)**

- Watch TV/films ..... <sub>1</sub>
- Read ..... <sub>2</sub>
- Surf the internet ..... <sub>3</sub>
- Chat to/message friends ..... <sub>4</sub>
- Chat to someone you share your room with ..... <sub>5</sub>
- Play computer games..... <sub>6</sub>
- Something else (please specify) ..... <sub>7</sub>

## SECTION D: DENTAL HEALTH

**D1. How would you rate your oral health? [TICK ONE BOX ONLY] [show card D1]**

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

**D2. How often do you brush your teeth? [TICK ONE BOX ONLY] [show card D2]**

- More than twice a day .....  1  
More than once a day .....  2  
Once a day .....  3  
Less often than once a day .....  4  
Rarely .....  5  
Not at all .....  5

**D3. Which of the following best describes how regularly you visit the dentist? [TICK ONE BOX ONLY] [show card D3]**

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

**D4. How many, if any, permanent teeth (i.e. 'secondary' or 'adult') teeth have you had filled? [TICK ONE BOX ONLY]**

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

**D5. How many, if any, permanent teeth (i.e. 'secondary' or 'adult') teeth have you had extracted? [TICK ONE BOX ONLY]**

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

**D6. Have you ever had (or are you currently undergoing) orthodontic treatment?**

- Yes .....  1      No .....  2

**D7. Have you ever worn (or do you currently wear) braces?**

- Yes .....  1      No .....  2



## **Appendix A9: Young Person Sensitive Questionnaire**



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

### YOUNG PERSON: SENSITIVE QUESTIONNAIRE, 17-Year-olds

AREA  HHOLD

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

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

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

X1. Are you: Male ..... <sub>1</sub> Female ..... <sub>2</sub>

X2. What is your date of birth?  day  month  year

**Section A:** This section contains questions on **YOUR FRIENDS AND HOW YOU GET ON WITH THEM.** If you would prefer not to answer these questions press '1' and skip to the next section.

Go to next section <sub>1</sub>

**A1. How many friends do you normally hang around with? [TICK ONE BOX ONLY]**

- |  |   |
|--|---|
| A. None..... <input type="checkbox"/> <sub>0</sub>             | D. Between 6 and 10 ..... <input type="checkbox"/> <sub>3</sub> |
| B. One or two ..... <input type="checkbox"/> <sub>1</sub>      | E. More than 10..... <input type="checkbox"/> <sub>4</sub>      |
| C. Between 3 and 5 ..... <input type="checkbox"/> <sub>2</sub> |   |

**A2. How old are the friends you usually go about with? [TICK ONE BOX ON EACH LINE]**

- |                                    | None                                  | Some                                  | Most or all                           |
|------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| A. A year or more younger.....     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| B. About the same age .....        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| C. A year or two older .....       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| D. More than two years older ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

**A3a. How many of your friends are from a different ethnic background to you? \_\_\_\_\_**

**A3b. How many of your friends are different gender to you?**

- |  | None                                  | Some                                  | Most or all                           |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
|  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

**A4. How many of your friends have your parents met? [TICK ONE BOX ONLY]**

- |  | None                                  | Some                                  | Most or all                           |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
|  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

**A5. How many of your friends would you describe as CLOSE friends? \_\_\_\_\_**

**A6. 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

1. You are treated with less courtesy or respect than other people.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2. You receive poorer service than other people at restaurants or stores. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3. People act as if they think you are not smart. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4. People act as if they are afraid of you. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5. You are threatened or harassed. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**Follow-up Questions- asked only of those answering "A few times a year" or more frequently to at least one question.**

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

1. Your Gender .....	<input type="checkbox"/> 1
2. Your Race .....	<input type="checkbox"/> 2
3. Your Age .....	<input type="checkbox"/> 3
4. Your Religion.....	<input type="checkbox"/> 4
5. Your Height .....	<input type="checkbox"/> 5
6. Your Weight .....	<input type="checkbox"/> 6
7. Some other Aspect of Your Physical Appearance .....	<input type="checkbox"/> 7
8. Your Sexual Orientation .....	<input type="checkbox"/> 8
9. Your Education or Income Level .....	<input type="checkbox"/> 9
10. Other .....	<input type="checkbox"/> 10

**A7. The following statements ask about your relationship with your close friends. Please read each statement and circle the ONE number that tells how true the statement is for you now.**

	Almost Never or Never True	Not Very Often True	Sometimes True	Often True	Almost Always or Always True
A. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
S. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
T. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
U. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
V. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
W. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
X. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Y. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE**

**Section B:** This section contains questions on **SMOKING, DRINKING ALCOHOL AND DRUGS**. If you would prefer not to answer these questions press '1' and skip to the next section.

Go to next section 1

### **B1: SMOKING**

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

**B1\_1.** Have you ever smoked a cigarette?

Yes ..... 1      No..... 2      → go to B1\_5

**B1\_2.** How old were you when you first smoked a cigarette? \_\_\_\_\_ years

**B1\_3.** Please mark the box next to the **ONE** statement that describes you the best:

- a. I have only ever tried smoking cigarettes once or twice ..... 1
- b. I used to smoke sometimes but I never smoke cigarettes now ..... 2
- c. I sometimes smoke cigarettes but I smoke less than one a week ..... 3
- d. I usually smoke between one and six cigarettes a week ..... 4
- e. I usually smoke more than six cigarettes a week, but not every day ..... 5
- f. I usually smoke one or more cigarettes every day ..... 6

**B1\_4.** If you smoke on a daily basis, how many cigarettes do you smoke per day, on average?

- a. 1-5 ..... 1
- b. 6-10 ..... 2
- c. 11-20 ..... 3
- d. More than 20 ..... 4
- e. Do not smoke daily ... 5

**B1\_5.** Have you ever smoked an e-cigarette?

Yes ..... 1      No..... 2

**B1\_6.** Compared to cigarettes, do you think that e-cigarettes are:

More harmful      Equally harmful      Less harmful  
1                      2                      3

**B1\_7.** Have you ever tried to give up cigarettes but found that you couldn't?

Yes ..... 1      No..... 2

### **B2: ALCOHOL**

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

**B2\_1.** Have you ever consumed alcohol?

Yes ..... 1      No..... 2      **Go to Section B3**

**B2\_2.** How old were you when you had your first full drink of alcohol – more than a few sips?  
\_\_\_\_\_ years

**B2\_3a.** How often do you have a drink containing alcohol?

Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**B2\_3b.** How many units of alcohol do you drink on a typical day when you are drinking? (Please use the separate DRINKOGRAM sheet to help you.)

1 - 2	3 - 4	5 - 6	7 - 8	10+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
B2_3c. 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? .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B2_3d. How often during the last year have you found that you were not able to stop drinking once you had started? .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B2_3e. How often during the last year have you failed to do what was normally expected from you because of your drinking? .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B2_3f. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B2_3g. How often during the last year have you had a feeling of guilt or remorse after drinking? .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B2_3h. How often during the last year have you been unable to remember what happened the night before because you had been drinking? .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		No	Yes, but not in the last year	Yes, during the last year	
B2_3i. Have you or somebody else been injured as a result of your drinking? .....	<input type="checkbox"/> 0		<input type="checkbox"/> 2		<input type="checkbox"/> 4
B2_3j. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? .....	<input type="checkbox"/> 0		<input type="checkbox"/> 2		<input type="checkbox"/> 4

### SECTION B3: DRUGS

The next set of questions is about cannabis.

**B3\_1.** Have you ever tried cannabis (also called marijuana, hash, dope, pot, skunk, puff, grass, draw, ganja, spliff, joints, smoke, weed)?

Yes ..... 1      No..... 2      → go to B3\_5

**B3\_2.** How old were you when you first tried cannabis? \_\_\_\_\_ YEARS

**B3\_3.** Please mark the box next to the **ONE** statement that describes you best:

- a. I have only ever tried cannabis once or twice..... 1
- b. I used to sometimes use or take cannabis but I never do now ..... 2
- c. I sometimes use or take cannabis but less often than once a week ..... 3
- d. I usually use or take cannabis between one and six times a week ..... 4
- e. I usually use or take cannabis more than six times a week, but not every day..... 5
- f. I usually use or take cannabis every day..... 6

**B3\_4.** The next questions are about your use of cannabis in the last year.

	Never	Rarely	From time to time	Fairly often	Very often
a) Have you ever used cannabis when you were alone? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b) Have you ever had memory problems when you used cannabis? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c) Have friends or members of your family ever told you that you ought to reduce your cannabis use? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d) Have you ever tried to reduce or stop your cannabis use without succeeding? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**B3\_5. The next questions are about other drugs that people sometimes take. Have you ever tried inhaling or sniffing any of the following in the last year? (Mark one box on each line)**

	No	Yes, less than 5 times	Yes, more than 5 times
a) Aerosols.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b) Gas (butane and lighter refills) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c) Glue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d) Solvents (including petrol and paint thinners) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e) Poppers (also called amyl nitrates, liquid gold, rush) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**B3\_6. Have you tried, taken or used any of the following drugs in the last year? (Mark 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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b) Ecstasy (also called 'E' pills, MDMA) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c) LSD (also called acid, tabs, trips, dots) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d) Magic mushrooms (also called shrooms) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e) Spanglers (also called spangs) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f) Cocaine (also called Charlie, 'C', coke) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g) Crack (also called rock, stone) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h) Heroin (also called brown, smack, gear, junk, 'H') .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i) Ketamine (also called Green, K, special K, super K, vitamin K) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j) Steroids (not prescribed by a doctor) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k) Zimovane (Zimos) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l) Benzodiazepines (Benzos) (not prescribed by a doctor).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m) ADHD medication (Ritalin) (not prescribed by a doctor) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n) Pain killers (not prescribed by a doctor) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o) Other .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE**

**Section C: This section contains questions on SEX EDUCATION. If you would prefer not to answer these questions press '1' and skip to the next section.**

**Go to next section 1**

**C1. Were you taught Relationships and Sexuality Education (RSE) in secondary school?**

Yes ..... 1      No..... 2

**C2a. Have you ever discussed sex and/or relationship issues with your parent(s) / guardian(s)?**

Yes ..... 1      No..... 2

**C2b. Where would you say you get MOST of your information or advice on sex or relationship issues?**

**[TICK ONE BOX ONLY]**

Nowhere.....	<input type="checkbox"/> 1	Friends.....	<input type="checkbox"/> 6	Magazines.....	<input type="checkbox"/> 11
Mum .....	<input type="checkbox"/> 2	Cousins.....	<input type="checkbox"/> 7	Books .....	<input type="checkbox"/> 12
Dad.....	<input type="checkbox"/> 3	Boyfriend/ Girlfriend.....	<input type="checkbox"/> 8	TV/ films/DVDs.....	<input type="checkbox"/> 13
Brother/ sister.....	<input type="checkbox"/> 4	Teacher.....	<input type="checkbox"/> 9	Other .....	<input type="checkbox"/> 14
Aunts/ uncles .....	<input type="checkbox"/> 5	Internet health websites.....	<input type="checkbox"/> 10		

**Routed for girls and only asked of those who had not started at 13**

**C3a. Girls can start their periods at different ages. Have you started your periods yet?**

Yes ..... 1      No..... 2

**C3b. What age were you when you had your first period? \_\_\_\_\_ years \_\_\_\_\_ months**

**YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE**

**Section D:** The next set of questions relates to **SEXUALITY AND SEXUAL BEHAVIOUR**. We appreciate that some of these are quite sensitive. It's fine if you would prefer not to answer any individual question when you get to it. If you would prefer to skip this section completely just enter '1' below to indicate that you would rather go to the next section.

Go to next section \_1

**D1\_1.** Thinking first about your mother, how easy or difficult do you think it is for you to talk openly about sex with her?

Very easy    Quite easy    Neither    Quite difficult    Very difficult    Don't know/NA    Never came up  
\_1 ..... \_2 ..... \_3 ..... \_4 ..... \_5 ..... \_6 ..... \_7

**D1\_2.** Now thinking about your father, how easy or difficult do you think it is for you to talk openly about sex with him?

Very easy    Quite easy    Neither    Quite difficult    Very difficult    Don't know/NA    Never came up  
\_1 ..... \_2 ..... \_3 ..... \_4 ..... \_5 ..... \_6 ..... \_7

**D1\_3a.** How would you describe your sexual orientation? [TICK ONE BOX]

- a. Heterosexual/straight (sexually attracted to the opposite sex) ..... \_1
- b. Gay or Lesbian (attracted to the same sex) ..... \_2
- c. Bisexual (attracted to both men and women) ..... \_3
- d. Questioning/ Not sure ..... \_4
- e. Asexual (not attracted to either sex) ..... \_5

**D1\_3b.** Would you describe yourself as transgender? Yes ..... \_1 No ..... \_2

**D1\_4a.** Do you currently have a boyfriend? (YES or NO) Yes ..... \_1 No ..... \_2

**D1\_4b.** Do you currently have a girlfriend? (YES or NO) Yes ..... \_1 No ..... \_2

**D1\_5.** In total, including your current boyfriend or girlfriend, how many girlfriends/boyfriends have you had during the last year?

None ..... \_0    1 ..... \_1    2 ..... \_2    3 ..... \_3    4+ ..... \_4

**YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE**

**D1\_6.** We are now going to ask about some more intimate behaviours. 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 sexual experiences you didn't consent to you could perhaps use the 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.

- D1\_6a.** Yes ..... \_1 No ..... \_2
- D1\_6b.** Yes ..... \_1 No ..... \_2
- D1\_6c.** Yes ..... \_1 No ..... \_2
- D1\_6d.** Yes ..... \_1 No ..... \_2

**If D1\_6c and D1\_6d are both 'No' – please go to Question D1\_7, otherwise please continue**

- D1\_6e.** Yes ..... \_1 No ..... \_2
- D1\_6f.** Yes ..... \_1 No ..... \_2

**If D1\_6e and D1\_6f are both 'No' – please go to Question D1\_7, otherwise please continue**

- D1\_6g.** Yes ..... \_1 No ..... \_2
- D1\_6h.** Yes ..... \_1 No ..... \_2

**If D1\_6g and D1\_6h are both 'No' – please go to Question D1\_7, otherwise please continue**

- D1\_6i.** Yes ..... \_1 No ..... \_2
- D1\_6j.** Yes ..... \_1 No ..... \_2
- D1\_6k.** Yes ..... \_1 No ..... \_2

**D1\_7.** Do you feel pressure from friends, school mates, peers to have sex?

- Yes, a little ..... \_1
- Yes, a lot ..... \_2
- No ..... \_3



D1\_8. Were you ever afraid of losing a boyfriend/girlfriend by not having sex? Yes..... <sub>1</sub> No..... <sub>2</sub>

D1\_9. Would you say most of your friends have had sex? None...<sub>1</sub> Some ...<sub>2</sub> Most...<sub>3</sub> All...<sub>4</sub>

## D2: SEXUAL INTERCOURSE

**[Routed on D1\_6k] I would like you to think about your first sexual intercourse.**

D2\_1. 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>

D2\_2. Which of the following best describes the relationship between you and the other person at the time you had first sexual intercourse?

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

D2\_3. Still thinking of that time you had first sexual intercourse, did you or your partner use any forms of contraception or take any precautions, including withdrawal and/or emergency contraception?

Yes.....<sub>1</sub> No precautions by either of us.....<sub>2</sub> No precautions by me, don't know about partner .....<sub>3</sub>

D2\_4. Looking back now to that first time you had sexual intercourse, do you think:

- a. You should have waited longer before having sex with anyone.....<sub>1</sub>
- b. That you should not have waited so long .....<sub>2</sub>
- c. That it was about the right time.....<sub>3</sub>

D2\_5. Please could you tell me which of the following statements applied to that first experience of sexual intercourse by answering 'yes' or 'no' after each statement:

- |   | Yes                                   | No                                    |
|---|---------------------------------------|---------------------------------------|
| a. You were curious about what it would be like.....                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. You were carried away by your feelings.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. Most people in your age group seemed to be doing it.....                           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. It seemed like a natural 'follow on' in the relationship.....                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. You or your partner had been drinking at the time or taking drugs at the time..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| f. You wanted to lose your virginity.....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| g. You were in love.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| h. To please your partner.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| i. You felt ready, that it was the right time/right person.....                       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

D2\_6. 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>

D3\_1. With how many different people in total have you had sexual intercourse?

- |               |                                       |                |                                       |
|---------------|---------------------------------------|----------------|---------------------------------------|
| 1 person..... | <input type="checkbox"/> <sub>1</sub> | 4 people.....  | <input type="checkbox"/> <sub>4</sub> |
| 2 people..... | <input type="checkbox"/> <sub>2</sub> | 5 people.....  | <input type="checkbox"/> <sub>5</sub> |
| 3 people..... | <input type="checkbox"/> <sub>3</sub> | 6 or more..... | <input type="checkbox"/> <sub>6</sub> |

D3\_2. 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>

D3\_3. 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>

D3\_4. In general, whose decision is it to use contraception always/sometimes/never? Is it mainly your decision, the other person's decision or a joint decision?

- My decision.....<sub>1</sub>
- Other person's decision.....<sub>2</sub>
- Joint decision.....<sub>3</sub>
- Not currently sexually active.....<sub>4</sub>

**D3\_5. Have you ever had a sexually transmitted disease?**

- Never..... 1
- Once..... 2
- More than once..... 3

**E: PREGNANCY**

**CHECK ROUTING FOR GENDER**

**E1. Are you currently pregnant?**

Yes ..... 1

No ..... 2

**E2. Have you ever been pregnant?**

Yes..... 1 **Go to E3** No ..... 2 **Go to Section F**

**E3. Do you have any children?**

Yes ..... 1

No ..... 2

**YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE**

**Section F: This section contains questions on your PHYSICAL HEALTH. If you would prefer not to answer these questions press '1' and skip to the next section.**

**Go to next section 1**

**F1a. If you feel you need to get medical advice from a health care professional, can you easily do this?**

Yes ..... 1

No ..... 2

**F1b. If no, why is this? [Tick all that apply]**

- a. Cost to self ..... 1
- b. Cost to parents..... 2
- c. Concerned about confidentiality..... 3
- d. Unsure of where to go..... 4
- e. Difficulty in making contact ..... 5
- f. Difficulty in getting an appointment..... 6
- g. Difficulty in travelling to a clinic/appointment ..... 7
- h. Too embarrassed..... 8

**F2. How would you describe yourself? [TICK ONE BOX ONLY]**

- a. Very skinny ..... 1
- b. A bit skinny..... 2
- c. Just the right size ..... 3
- d. A bit overweight ..... 4
- e. Very overweight ..... 5

**F3. Have you ever exercised to lose weight or to avoid gaining weight?**

Yes ..... 1

No ..... 2

**F4. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to avoid gaining weight?**

Yes ..... 1

No ..... 2

**F5. Have you ever exercised to 'bulk up' or maintain muscle mass?**

Yes ..... 1

No ..... 2

**F6a. Are you satisfied with your eating patterns?**

Yes ..... 1

No ..... 2

**F6b. Do you ever eat in secret?**

Yes ..... 1

No ..... 2

**F6c. Does your weight affect the way you feel about yourself?**

Yes ..... 1

No ..... 2

**F6d. Have any members of your family suffered with an eating disorder?**

Yes ..... 1

No ..... 2

**F6e. Do you currently suffer with or have you ever suffered in the past with an eating disorder?**

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

**F7. How often do you weigh yourself? [TICK ONE BOX ONLY]**

- a. More than once a day ..... <sub>1</sub>
- b. Every day ..... <sub>2</sub>
- c. Once a week ..... <sub>3</sub>
- d. Once a month ..... <sub>4</sub>
- e. Less than once a month ..... <sub>5</sub>
- f. Never ..... <sub>6</sub>

**F8. Which of the following are you trying to do about your weight? [TICK ONE BOX ONLY]**

- a. Lose weight ..... <sub>1</sub>
- b. Gain weight ..... <sub>2</sub>
- c. Stay the same weight ..... <sub>3</sub>
- d. I am not trying to do anything about my weight..... <sub>4</sub>

**YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE**

**Section G: This section contains questions on HOW YOU FEEL ABOUT YOURSELF, YOUR SELF-ESTEEM and so on. If you would prefer not to answer these questions press '1' and skip to the next section.**

Go to next section <sub>1</sub>

**G: SELF- ESTEEM, LIFE EVENTS AND ATTITUDES**

**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
1. On the whole, I am satisfied with myself. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
2. At times, I think I am no good 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>
3. I feel that I have a number of good qualities. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
4. I am able to do things as well as most 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>
5. I feel I do not have much to be proud of. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
6. I certainly feel useless at times. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
7. I feel that I'm a person of worth, at least on an equal plane with others. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
8. I wish I could have more respect for myself. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
9. All in all, I am inclined to feel that I am 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>
10. I take a positive attitude towards myself. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**G2a. Please indicate how much you agree with each of the following statements.**

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
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>
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>
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>
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>
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>

**G2b. Below is a list of statements dealing with your general feelings about yourself. Please indicate how much you think each statement is like you.**

	Not at all like me	A little like me	Some- what like me	Mostly like me	Very much like me
1. I have a hard time breaking bad habits .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. I get distracted easily .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. I say inappropriate things.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. I refuse things that are bad for me, even if they are fun .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. I'm good at resisting temptation.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. People would say that I have very strong self-discipline .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. Pleasure and fun sometimes keep me from getting work done .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. I do things that feel good in the moment but regret later on.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. Sometimes I can't stop myself from doing something, even if I know it is wrong .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. I often act without thinking through all the alternatives.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**G3. Please indicate how much you agree with each of the following statements.**

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**G4. Please indicate how much you agree with each of the following statements.**

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**G5. Have you experienced any of the following since we last saw you when you were 13:**

A. Death of a parent.....	<input type="checkbox"/> 1
B. Death of a close family member (other than a parent) .....	<input type="checkbox"/> 2
C. Death of close friend .....	<input type="checkbox"/> 3
D. Divorce/separation of parents .....	<input type="checkbox"/> 4
E. Moving house within Ireland.....	<input type="checkbox"/> 5
F. Moving country .....	<input type="checkbox"/> 6
G. Stay in foster home/ residential care.....	<input type="checkbox"/> 7
H. Serious illness/injury.....	<input type="checkbox"/> 8
I. Serious illness/injury of a family member .....	<input type="checkbox"/> 9
J. Serious illness/injury of a friend .....	<input type="checkbox"/> 10
K. Drug taking/alcoholism in the immediate family .....	<input type="checkbox"/> 11
L. Mental disorder in immediate family .....	<input type="checkbox"/> 12
M. Your house being broken into .....	<input type="checkbox"/> 13
N. Conflict between parents.....	<input type="checkbox"/> 14
O. Parent in prison .....	<input type="checkbox"/> 15
P. Sibling in prison .....	<input type="checkbox"/> 16
Q. Violence (nonfamily) .....	<input type="checkbox"/> 17
R. Violence (family) .....	<input type="checkbox"/> 18
S. New child in home .....	<input type="checkbox"/> 19
T. New parental figure .....	<input type="checkbox"/> 20
U. Changed school .....	<input type="checkbox"/> 21
V. Been suspended from school .....	<input type="checkbox"/> 22

- W. Been expelled from school .....  23
- X. Lost best friend through move .....  24
- Y. Breakup with best friend .....  25
- Z. Breakup with girl/boyfriend .....  26
- AA. Parental arrest .....  27
- AB. Reduced standard of living .....  28
- AC. Forced separation from home .....  29
- AD. Other disturbing event .....  30
- AE. None of the above .....  31

**G6. If you were to describe how satisfied you are with your own life in general how would you rate it on the following scale, 0 meaning you are extremely unsatisfied with your life in general, and 10 meaning that you are extremely satisfied with your life.**

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

**YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE**

**Section H: This section contains questions on YOUR FAMILY AND HOW YOU GET ON WITH THEM. If you would prefer not to answer these questions press '1' and skip to the next section.**

**Go to next section  1**

**H: YOUR FAMILY**

**H1a. Are you in regular contact with your mother (or mother figure)?**

Yes .....  1      No .....  2      Mother deceased .....  3

**H1b. 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) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| g) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| h) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**H1c. And how well do the following statements describe your relationship with her?**

- |          | Not at all true            | Mostly untrue              | Partly true                | Mostly true                | Completely true            |
|----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**H1d. Which of the following best describes your relationship with the person you have just answered in regard to your mother (or mother figure)?**

- Biological or adoptive mother who lives here .....  1
- Biological or adoptive mother who lives elsewhere .....  2
- Stepmother .....  3
- Fostermother .....  4
- Grandmother .....  5
- Someone else .....  6

**H2a. Are you in regular contact with your father (or father figure)?**

Yes .....  1      No .....  2      Father deceased .....  3

**H2b. 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) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

- c) ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- d) ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- e) ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- f) ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- g) ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- h) ..... 1 ..... 2 ..... 3 ..... 4 ..... 5

**H2c. And how well do the following statements describe your relationship with him?**

	Not at all true	Mostly untrue	Partly true	Mostly true	Completely true
.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**H2d. Which of the following best describes your relationship with the person you have just answered in regard to your father (or father figure)?**

- Biological or adoptive father who lives here ..... 1
- Biological or adoptive father who lives elsewhere ..... 2
- Step father ..... 3
- Foster father ..... 4
- Grandfather ..... 5
- Someone else ..... 6

**H3a. Is there an adult (or adults) in your life you can usually turn to for help and advice?**

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

**H3b. [If yes] Can you indicate who these individuals are? (TICK ALL THAT APPLY)**

- Mother ..... 1
- Father ..... 2
- Older sibling ..... 3
- Grandparent ..... 4
- Other relative (e.g. aunt or uncle) ..... 5
- Teacher ..... 6
- Counsellor or therapist ..... 7
- GP or nurse ..... 8
- Team coach/club leader ..... 9
- Religious minister (e.g. priest, rabbi etc) ..... 10
- Someone else ..... 11

**H4a. Do you have a sister?** Yes..... 1 No..... 2

**H4b. Do you have a brother?** Yes..... 1 No..... 2

**H5. How often do you argue with your brothers or sisters? (tick ONE box only)**

- Most days ..... 1
- At least once a week ..... 2
- Less than once a week ..... 3
- Never or hardly ever ..... 4

**H6. Overall, how often do you get on well with your brothers and sisters? (tick ONE box only)**

- Always ..... 1
- Usually ..... 2
- Sometimes ..... 3
- Never ..... 4

**H7. Now I'd like to ask you about the time you spend with others in your family. Roughly, how often do you:**

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

**H8. The following questions refer to the rules and limits your parents may place on your activities. [TICK ONE BOX ONLY]**

- |  |                             |                      |                |       |                                  |                                       |
|--|-----------------------------|----------------------|----------------|-------|----------------------------------|---------------------------------------|
|  | Almost<br>never or<br>never | Not<br>very<br>often | Some-<br>times | Often | Almost<br>always<br>or<br>always | Not<br>applicable<br>/ don't do<br>it |
|--|-----------------------------|----------------------|----------------|-------|----------------------------------|---------------------------------------|
- a) Do you need your parents' permission before going out on week nights? 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- b) If you go out on a Saturday evening, do you have to inform your parents beforehand about who you will be with and where you will be going? ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- c) If you have been out very late one night, do your parents make you explain why and tell them who you were with? ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- d) Do your parents demand to know where you are in the evenings, who you are going to be with, and what you are going to be doing? ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- e) Do you have to ask your parents before you can make plans with friends about what you will do on a Saturday night? ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- f) Do your parents make you tell them how you spend your money? ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

**H9a. Do you care for or look after another family member on a regular basis? By 'caring' I 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.**

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

**H9b. If yes, how is this person related to you and how many hours per week do you usually spend caring for them?**

	Care for them?		If yes, how many hours per week?
	Yes	No	
a) Grandparent or other elderly relative .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
b) A parent or step-parent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
c) A younger sibling .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____ <b>Go to H9c</b>
d) A sibling of the same age or older than you .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
e) Someone else .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____

**H9c. \*If yes to 'younger sibling', also ask: Would you describe the care you provide to your younger sibling as 'baby-sitting' or something more than this (e.g. 'child care' in place of someone like a childminder or helping them with a medical condition)?**

Baby-sitting..... 1 Additional care, not just baby-sitting..... 2

**YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE**

**Section I: This section contains questions on HOW YOU FEEL EMOTIONALLY, YOUR MENTAL OR EMOTIONAL HEALTH. If you would prefer not to answer these questions press '1' and skip to the next section.**

**Go to next section 1**

**I1. The next set of questions are about how you have been feeling recently. For each question, please mark 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, mark 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 ..... 1 ..... 2 ..... 3
- B. I didn't enjoy anything at all ..... 1 ..... 2 ..... 3
- C. I felt so tired I just sat around and did nothing ..... 1 ..... 2 ..... 3
- D. I was very restless..... 1 ..... 2 ..... 3
- E. I felt I was no good any more ..... 1 ..... 2 ..... 3
- F. I cried a lot ..... 1 ..... 2 ..... 3
- G. I found it hard to think properly or concentrate ..... 1 ..... 2 ..... 3
- H. I hated myself ..... 1 ..... 2 ..... 3
- I. I was a bad person..... 1 ..... 2 ..... 3
- J. I felt lonely ..... 1 ..... 2 ..... 3
- K. I thought nobody really loved me ..... 1 ..... 2 ..... 3
- L. I thought I could never be as good as other kids..... 1 ..... 2 ..... 3
- M. I did everything wrong..... 1 ..... 2 ..... 3

**12. 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

- 1. I found it hard to wind down ..... 0 ..... 1 ..... 2 ..... 3
- 2. I was aware of dryness of my mouth ..... 0 ..... 1 ..... 2 ..... 3
- 3. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion) ..... 0 ..... 1 ..... 2 ..... 3
- 4. I tended to over-react to situations ..... 0 ..... 1 ..... 2 ..... 3
- 5. I experienced trembling (eg, in the hands) ..... 0 ..... 1 ..... 2 ..... 3
- 6. I felt that I was using a lot of nervous energy ..... 0 ..... 1 ..... 2 ..... 3
- 7. I was worried about situations in which I might panic and make a fool of myself ..... 0 ..... 1 ..... 2 ..... 3
- 8. I found myself getting agitated ..... 0 ..... 1 ..... 2 ..... 3
- 9. I found it difficult to relax ..... 0 ..... 1 ..... 2 ..... 3
- 10. I was intolerant of anything that kept me from getting on with what I was doing ..... 0 ..... 1 ..... 2 ..... 3
- 11. I felt I was close to panic ..... 0 ..... 1 ..... 2 ..... 3
- 12. I felt that I was rather touchy ..... 0 ..... 1 ..... 2 ..... 3
- 13. 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) ..... 0 ..... 1 ..... 2 ..... 3
- 14. I felt scared without any good reason ..... 0 ..... 1 ..... 2 ..... 3

**13. Can I ask:**

No, never      Maybe      Yes, definitely

- a) Have you ever heard voices or sounds that no-one else can hear? ..... 1 ..... 2 ..... 3
- b) Have you ever seen things that other people could not see? ..... 1 ..... 2 ..... 3
- c) Have you ever thought that people are following you or spying on you? ..... 1 ..... 2 ..... 3
- d) Some people believe that their thoughts can be read by another person. Have other people ever read your mind? ..... 1 ..... 2 ..... 3
- e) Have you ever felt that you were under the control of some special power? ..... 1 ..... 2 ..... 3
- f) Have you ever felt that you have extra-special powers? ..... 1 ..... 2 ..... 3

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

Yes ..... 1      No ..... 2

**15. What were you diagnosed with? [Tick all that apply]**

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

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

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

**YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE**

**Section J: This section contains questions on SELF HARM. If you would prefer not to answer these questions press '1' and skip to the next section.**

Go to next section 1

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 can find ways of helping people.



**J1. Have you ever hurt yourself on purpose in any way?**

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

**J2. How many times have you done this in the last year? Please mark one box only.**

None .... \_0 Once ..... \_1 2-5 times ..... \_2 6-10 times..... \_3 More than 10 times ..... \_4

**J3. What form did this self-harm take on the last time you hurt yourself on purpose?**

- a) Pills/poison..... \_1
- b) Cutting..... \_2
- c) Banging/hitting/bruising..... \_3
- d) Burning ..... \_4
- e) Other ..... \_5

**YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE**

**Section K:** This section contains questions on BULLYING—BOTH AS A VICTIM AND A PERPETRATOR. If you would prefer not to answer these questions press '1' and skip to the next section.

Go to next section \_1

**K1. Have you been bullied in the last 3 months?**

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

**K2. How often did this bullying take place? [TICK ONE BOX ONLY]**

Once or twice ..... \_1 About once a week ..... \_2 2 or 3 times a month .... \_3 Several times a week .... \_4

**K3. What form did the bullying take? [TICK ALL THAT APPLY]**

- A. Physical bullying ..... \_1
- B. Verbal bullying (name-calling, hurtful slugging) ..... \_2
- C. Electronic (phone messaging, emails, Facebook, etc) ..... \_3
- D. Graffiti / pinning up notes / passing notes in class ..... \_4
- E. Taking / damaging personal possessions ..... \_5
- F. Exclusion (being left out) ..... \_6
- G. Gossip, spreading rumours ..... \_7
- H. Threatened / forced to do things you didn't want to do ..... \_8
- I. Other ..... \_9

**K4. Have you told anyone that you have been bullied?** Yes..... \_1 No..... \_2

**K5. If yes, who have you told you have been bullied? [TICK ALL THAT APPLY]**

- Teacher ..... \_1
- Parent(s) ..... \_2
- Friend ..... \_3
- Other ..... \_4

**K6. In the last 3 months have you bullied someone?**

Yes \_1 No \_2

**K7. How often did you bully someone? [TICK ONE BOX ONLY]**

Once or twice ..... \_1 About once a week ..... \_2 2 or 3 times a month .... \_3 Several times a week .... \_4

**K8. What form did the bullying take? [TICK ALL THAT APPLY]**

- A. Physical bullying ..... \_1
- B. Verbal bullying (name-calling, hurtful slugging) ..... \_2
- C. Electronic (phone messaging, emails, Facebook, etc) ..... \_3
- D. Graffiti / pinning up notes / passing notes in class ..... \_4
- E. Taking / damaging personal possessions ..... \_5
- F. Exclusion (being left out) ..... \_6
- G. Gossip, spreading rumours ..... \_7
- H. Threatened / forced to do things you didn't want to do ..... \_8
- I. Other ..... \_9

**K9. Please rate how often you do each of the following by ticking the box that is closest to how you feel**  
**When I have difficulties or problems.....**

	Never	Almost Never	Sometimes	Fairly Often	Very Often	Always
A. ....	<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. ....	<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. ....	<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. ....	<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. ....	<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. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
G. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
J. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
K. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
L. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
M. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
N. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
O. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE**

**Section L: This section contains questions on ANTI-SOCIAL BEHAVIOUR (SOME OF WHICH MAY BE ILLEGAL) AND TROUBLE YOU MAY HAVE BEEN IN WITH THE GARDAI. If you would prefer not to answer these questions press '1' and skip to the next section.**

**Go to next section  1**

**L1. How often do you drive yourself or allow yourself to be a passenger when driver is/you are:**

	Weekly or more often	Monthly	Several times a year but less than monthly	Once a year or less often	Never
a. Likely to be over the legal blood alcohol limit .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Under the influence of drugs .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Exceeding the speed limit by more than 20km per hour .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Engaging in races or other unofficial competitions (e.g. 'drifting' or 'doughnuts') on public roads .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**L2. Since you were 13 years old, have you had to attend a health centre, hospital or Accident and Emergency Department for any of the following? [TICK ALL THAT APPLY]**

a. Road accident (where you were the driver) .....	<input type="checkbox"/> 1
b. Road accident (where you were a passenger) .....	<input type="checkbox"/> 2
c. Other road accident (as a cyclist or pedestrian) .....	<input type="checkbox"/> 3
d. A sports-related injury .....	<input type="checkbox"/> 4
e. An assault (without a weapon) .....	<input type="checkbox"/> 6
f. An assault (with a weapon) .....	<input type="checkbox"/> 7
g. Alcohol intoxication/poisoning .....	<input type="checkbox"/> 8
h. Drug intoxication/poisoning .....	<input type="checkbox"/> 9

**L3. If yes to any of the above, [for each] would you say this injury was:**

Mostly your fault .....	<input type="checkbox"/> 1	Mostly someone else's fault .....	<input type="checkbox"/> 2
We were both/all at fault .....	<input type="checkbox"/> 3	No one's fault, just an accident .....	<input type="checkbox"/> 4

**L4. How often in the last year have you done any of the following? [TICK ONE BOX ON EACH LINE]**

	Never	Once	2-5 times	6 or more times
a. Not paid the correct fare on a bus or train .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Taken something from a shop or store without paying for it .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Behaved badly in public so that people complained and you got into trouble .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Stolen or ridden in a stolen car or a van or on a stolen motorbike .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Taken money or something else that did not belong to you from school .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Carried a knife or weapon with you in case it was needed in a fight .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- g. Deliberately damaged or destroyed property that did not belong to you (e.g., windows, cars, streetlights) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>
- h. Broken into a house or building to steal something ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <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) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>
- j. Used force, threats or a weapon to get money or something else from somebody ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>
- k. Taken money or something else that did not belong to you from your home without permission ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>
- l. Broken into a car or van to steal something from it ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>
- m. Deliberately set fire or tried to set fire to someone's property or a building (e.g. school or shed) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>
- n. Hit, kicked or punched someone on purpose in order to hurt or injure them ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>
- o. Been involved in a serious physical fight where someone got badly hurt or needed to see a doctor ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>
- p. Truanted from school ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>
- q. Purposely hurt or injured a bird or an animal ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>

**L5. Have you ever been in trouble with the Gardai (excluding minor traffic offences)?**

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

**L6. Have you ever had your details taken by the Gardai (but not been cautioned or arrested)?**

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

**L7. Have you ever been cautioned by the Gardai?**

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

**L8. Have you ever participated in a Garda Juvenile/ Youth Diversion Project?**

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

**L9a. Have you ever appeared in court (not as a witness)?**

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

**L9b. Have you ever been found guilty in court for something you did?**

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

**L10. How many of your regular friends do or have ever done the following:**

	None	A few	Some	Most	All
a) Smoked cigarettes .....	<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) Got drunk .....	<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) Had problems with alcohol (i.e. hangovers, fights, accidents) .....	<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) Drunk alcohol .....	<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) Been in trouble with the police .....	<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) Stole anything or damaged property on purpose .....	<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) Used cannabis .....	<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) Used inhalants like glue or gas .....	<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>
i) Used other drugs like cocaine, downers, ecstasy or LSD .....	<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>
j) Sold or gave drugs to others .....	<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>

**L11. Have any of your friends (including boy/girlfriends) ever been in trouble with the Gardaí or Police (in Ireland or elsewhere)?**

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

**L11b. Have any of them ever been to prison/ young offenders centre?** Yes ..... <sub>1</sub>      No .... <sub>2</sub>

**YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE**

**Section M:** This section contains questions on YOUR LEISURE ACTIVITIES AND INTERNET USE. If you would prefer not to answer these questions press '1' and skip to the next section.

Go to next section  1

Now we would like to ask you about how you like to spend your free time.

**M1.** On a normal weekday, about how much time do you spend doing the following? Please remember to include time before school, work or college (or on your commute) as well as after.

a. Reading for pleasure (books, magazines, newspapers, novels, comics)? [DO NOT INCLUDE TIME SPENT READING AT SCHOOL/ COLLEGE OR DOING HOMEWORK] \_\_\_\_\_ hours \_\_\_\_\_ minutes None .....  1

b. Listening to music? \_\_\_\_\_ hours \_\_\_\_\_ minutes None .....  1

c. Watching television or DVDs? \_\_\_\_\_ hours \_\_\_\_\_ minutes None .....  1

d. On social media (Facebook, Snapchat etc.)? (if you don't know, just give your best guess)  
\_\_\_\_\_ hours \_\_\_\_\_ minutes None .....  1

e. On the internet (for fun - not for work, college or school projects – and excluding any time already covered by (c) and (d) above)? \_\_\_\_\_ hours \_\_\_\_\_ minutes None .....  1

[If at least some time spent on internet or social media in M1]. We would like to ask you some more questions about how you use the internet.

**M2.** Which device do you mostly use to access the internet? [TICK ONE BOX ONLY]

- Laptop/netbook/PC .....  1
- Tablet .....  2
- Portable Media Player.....  3
- Smart phone .....  4
- Games player.....  5
- E-book.....  6
- Other device.....  7

**M3.** When you use the internet, what do you use it for? [TICK 'YES' OR 'NO' FOR EACH]

	Yes	No
a. Watch videos, either long videos like television programmes or movies, or short videos like music clips or trailers, etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Stream or download music – through sites such as Spotify, Soundcloud, itunes, etc .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Play games, either on your own or against other people.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Send or post messages, videos or photos you have taken.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. View messages, videos or photos other people have posted .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Make video calls through services like Skype, FaceTime .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Visit a site about something you are interested in .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Use the internet to research homework or college work .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Shop online .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Write reviews about products or services .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Visit virtual casinos.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**M4.** In the PAST 12 MONTHS how often have these things happened to you:

	Never or almost never	Not very often	Very or fairly often
a. Felt bothered when I cannot be on the internet .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Caught myself surfing when I am not really interested.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Spent less time than I should with family, friends or doing course-work because of the internet .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Tried unsuccessfully to spend less time on the internet .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. I have been annoyed or reluctant when a parent or other adult has asked me to stop using the internet or playing a digital game .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Gone without eating or sleeping because of the internet .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**M5. Finally, which of these other activities do you regularly do for fun or to relax? For each that you do, please indicate how often you do that type of activity.**

	Do it?		[if yes]				
	Yes	No	Several times a week	Weekly	Fortnightly	Monthly	Less often than monthly
a. Singing or playing an instrument	<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
b. Going to the cinema	<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
c. Craftwork/hobbies	<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
d. Surfing the internet	<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
e. Gardening or farming (for pleasure, not chores)	<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
f. Spending time with pets	<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
g. Playing sport (with others)	<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
h. Going to the gym, running, etc.	<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
i. Beauty, hair or spa treatments	<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
j. Attending sports events	<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
k. Hanging out with friends	<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
l. Going to parties or other social events (in people's homes)	<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
m. Going to clubs, pubs, etc	<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
n. Something else	<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



## **Appendix A10: Young Person Cognitive Tests**





## GROWING UP IN IRELAND

### STRICTLY CONFIDENTIAL

AREA     H'hold

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

### Animal 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 animals 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 or a tally
- ONLY if the respondent asks for clarification, explain that animals include birds, insects, fish etc.
- 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 ANIMALS LESS UNACCEPTABLE ANSWERS AND REPEATS: \_\_\_\_\_

Points to remember:

- Do NOT count repetitions
- Do NOT count redundancies (e.g. white cow, brown cow)
- Do NOT count named animals (e.g. Spot, Bambi)
- DO count different breeds (e.g. terrier, greyhound)
- DO count gender- or generation-specific names (e.g. bull, cow, heifer, calf)
- If the respondent names animals that are unfamiliar to you, give them the benefit of the doubt and count them (e.g. Kudu)



## PLEASE READ THESE INSTRUCTIONS

In this task we would ask you to answer three questions. You can use a pen and paper to work out the answers if you wish. If you would prefer to pass on any just tick “pass” and move on.

IF YOU HAVE ANY QUESTIONS ABOUT HOW TO COMPLETE THE TASK PLEASE ASK THE INTERVIEWER.

**Please answer the following questions:**

1. If the chance of getting a disease is 10 percent, how many people out of 1,000 would be expected to get the disease?

\_\_\_\_\_ people      Pass.....

2. If 5 people all have the winning numbers in the lottery and the prize is two million euro, how much will each of them get?

€ \_\_\_\_\_      Pass.....

3. Let's say you have €200 in a savings account. The account earns 10 percent interest per year. How much would you have in the account at the end of two years?

€ \_\_\_\_\_      Pass.....

**PLEASE DO NOT PROCEED PAST THIS POINT UNTIL THE INTERVIEWER TELLS YOU TO.**



## Vocabulary test:

Please look at the example below.

You will see that the first word is printed in CAPITAL LETTERS. After it there are five other words. One of these words means the same or nearly the same as the word printed in capital letters. You have to decide which word it is then put a [☒] in the box to the right of that word.

### Example

CHAIR    poor.....     step.....    seat.....    thick.....    mat.....

Which of the words means the same, or nearly the same as CHAIR? The correct answer is 'seat', so a cross has been put in the box to the right of 'seat'.

In the task there are 20 questions. The questions get more and more difficult. Try to do as many of them as you can. If you're not sure or you don't know the answer to a question you can guess or leave it blank and move on to the next one.

You will have 4 minutes to do this task. The interviewer will tell you when you have one minute left and when the time is up. If you finish before then, you can go back over your answers to check them.

If you make a mistake or change your mind please completely fill the box to show the mistake [■] and then cross the correct answer.

**PLEASE TELL THE INTERVIEWER WHEN YOU HAVE FINISHED READING THESE INSTRUCTIONS. IF YOU HAVE ANY QUESTIONS ABOUT HOW TO COMPLETE THE TASK PLEASE ASK THE INTERVIEWER**

**PLEASE DO NOT PROCEED PAST THIS POINT UNTIL THE INTERVIEWER TELLS YOU TO.**

## Vocabulary Test

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE RETURN THE COMPLETED BOOKLET TO THE INTERVIEWER**

**MANY THANKS FOR YOUR TIME IN COMPLETING THIS PART OF THE**

***GROWING UP IN IRELAND STUDY***

# **Appendix A11: Parent / Guardian One Main Questionnaire**





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

**PARENT/GUARDIAN ONE – MAIN QUESTIONNAIRE – 17-year-old Cohort**

AREA

HOUSEHOLD

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

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

X1. Are you: Male ..... <sub>1</sub> Female ..... <sub>2</sub>

X2. What is your date of birth?  day  month  year

**SECTION A: PARENT'S HEALTH**

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

**A1. [Card A1] In general, how would you say your current health is?**

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

**A2. Do you have any on-going chronic physical or mental health problem, illness or disability?**

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

**A3. 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.]

\_\_\_\_\_

\_\_\_\_\_

**A4. Has this health problem, illness or disability been diagnosed by a medical professional?**

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

**A5. Since when have you had this problem, illness or disability? \_\_\_\_\_(mth) \_\_\_\_\_(year)**

**A6. Are you hampered in your daily activities by this problem, illness or disability?**

Yes, severely ..... <sub>1</sub> Yes, to some extent ..... <sub>2</sub> No ..... <sub>3</sub>

**A7. Thinking about your free-time, in general would you say you are...[INT:READ OUT]**

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

**A8. [Card A8] Do you think that you are:**

[INT: ASK THE RESPONDENT TO USE CODES 1-8 AS ON THE CARD IF YOUNG PERSON IS PRESENT AT TIME OF INTERVIEW]

- 1. Very underweight..... 1
- 2. Slightly underweight..... 2
- 3. Moderately underweight ..... 3
- 4. About the right weight ..... 4
- 5. Slightly overweight..... 5
- 6. Moderately overweight..... 6
- 7. Very overweight..... 7
- 8. Don't know ..... 8

**A9. [Card A9] How often do you try to lose weight through dieting? Would you say...[INT:READ OUT]**

Very often ..... 1    Often ..... 2    Sometimes ..... 3    Rarely ..... 4    Never ..... 5

**A10. Are you covered by a medical card?**

Yes, full card..... 1    Yes, doctor only card..... 2    Not covered ..... 3

**A11. Are you covered by private medical insurance?**

Yes ..... 1    No ..... 2

**A12. Does that insurance include the cost of GP visits?**

Yes, in full ..... 1    Yes, partially ..... 2    No ..... 3

**A13. Is <young person> covered by a medical card?**

Yes, full card..... 1    Yes, doctor only card..... 2    Not covered ..... 3

**A14. Is <young person> covered by private medical insurance?**

Yes ..... 1    No ..... 2

**A15. Does that insurance include the cost of GP visits?**

Yes, in full ..... 1    Yes, partially ..... 2    No ..... 3

**SECTION B: YOUNG PERSON'S HEALTH AND ILLNESS**

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

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

**B2. [Card B2] Does <young person> have any of the following long-lasting conditions or difficulties?**

**B3. [For B2 each answered yes ask:] Is <young person> hampered in his/her daily activities by this condition or difficulty?**

**B4. Has this condition been diagnosed by a professional?**

	B2. Has?		B3. Hampered?			B4. Diagnosed?	
	Yes	No	Yes, severely	Yes to some extent	No	Yes	No
A. Blindness or a serious vision impairment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. Deafness or a serious hearing impairment .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. An intellectual disability.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
E. A difficulty with learning, remembering or concentrating .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F. A psychological or emotional condition .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
G. A difficulty with pain, breathing, or any other chronic illness or condition.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2



**B5. Was there any time during the past 12 months when <young person> really needed to consult a GP or specialist but did not?**

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

**B5a. [Card B5a] What was the main reason for not consulting a GP or specialist?**

- a) You couldn't afford to pay ..... <sub>1</sub>
- b) The necessary medical care wasn't available or accessible to you ..... <sub>2</sub>
- c) You could not take time off work to visit the doctor with <young person> ..... <sub>3</sub>
- d) You wanted to wait and see if the problem got better ..... <sub>4</sub>
- e) Young person refused / fear of doctor ..... <sub>5</sub>
- f) Young person is still on the waiting list..... <sub>6</sub>
- g) Too far to travel/no means of transport ..... <sub>7</sub>
- h) Other (specify) ..... <sub>8</sub>

**B6. Does/Did <Young Person> have any condition that affects/affected his/her learning in school?**

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

**B7. [Card B7] Which of the following conditions does/did <Young Person> have that affect/affected his/her learning in school?**

**B8 (if yes) Has this condition or disability been diagnosed by a professional?**

**B9 (if Diagnosed) At what age was it first diagnosed?**

**B10 (if yes at e or f) Was <Young Person> ever prescribed any medication for this condition?**

	B7. Has?		B8. Diagnosed		B9. Age	B10. Medication?	
	Yes	No	Yes	No		Yes	No
a. Physical disability or visual or 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>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. Specific learning disability (e.g. Dyslexia, Dyscalculia, Dyspraxia.....	<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>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. General learning disabilities (Mild, Moderate, Severe/Profound) .....	<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>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. Autism Spectrum Disorders (e.g. Autism, Aspergers syndrome) .....	<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>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. Emotional or behavioural disorders (e.g. ADHD (Attention Deficit Hyperactivity Disorder)/ ADD) .....	<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>1</sub>	<input type="checkbox"/> <sub>2</sub>
f. Mental health difficulty .....	<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>1</sub>	<input type="checkbox"/> <sub>2</sub>
g. Speech or language difficulty (including speech impediment) .....	<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>1</sub>	<input type="checkbox"/> <sub>2</sub>
h. Assessed Syndrome (e.g. Down Syndrome, Tourettes Syndrome) .....	<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>1</sub>	<input type="checkbox"/> <sub>2</sub>
i. Slow progress (reasons unclear) .....	<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>1</sub>	<input type="checkbox"/> <sub>2</sub>
j. 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>	.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
k. None of the above .....	<input type="checkbox"/> <sub>1</sub>						

**B11. [Card B11] Please indicate if <Young Person> receives / received support from any of the following IN SCHOOL ?**

**B12. If yes, in general, how adequate are / were these supports?**

	B11. Receive?		[If yes]B12. Adequate?		
	Yes	No	Barely adequate	Adequate	Excellent
a) 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>	<input type="checkbox"/> <sub>3</sub>
b) Special Needs Assistant .....	<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>
c) 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>	<input type="checkbox"/> <sub>3</sub>
d) 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>	<input type="checkbox"/> <sub>3</sub>
e) 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>	<input type="checkbox"/> <sub>3</sub>
f) Visiting Teacher .....	<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>
g) School 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>	<input type="checkbox"/> <sub>3</sub>
h) National Educational Psychological 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>	<input type="checkbox"/> <sub>3</sub>
i) Behavioural Management Programme .....	<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>
j) 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>	<input type="checkbox"/> <sub>3</sub>
k) 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>	<input type="checkbox"/> <sub>3</sub>

**B13. [Card B13] Please indicate if <Young Person> receives / received support from any of the following OUTSIDE of SCHOOL**

**B14. If yes, In general, how adequate are / were these supports ?**

	B13. Receive?		[If yes]B14. Adequate?		
	Yes	No	Barely adequate	Adequate	Excellent
a. Speech and Language Therapist .....	<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>
b. 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>	<input type="checkbox"/> <sub>3</sub>
c. 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>	<input type="checkbox"/> <sub>3</sub>
d. A 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>	<input type="checkbox"/> <sub>3</sub>
e. A practice nurse .....	<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>
f. Dietician .....	<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>
g. 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>	<input type="checkbox"/> <sub>3</sub>
h. 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>	<input type="checkbox"/> <sub>3</sub>
i. 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>	<input type="checkbox"/> <sub>3</sub>
j. School aged multidisciplinary team .....	<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>
k. Occupational Therapist.....	<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>
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>	<input type="checkbox"/> <sub>3</sub>

### SECTION C: FAMILY CONTEXT

**Now some questions about your relationship with <young person>.**

**C1a. Is <young person> still in education (school or college), 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>

**C1b. [Card C1b] [If YP still in education or finished in last 6 months] In this/most recent school or college year, how often have you or your spouse/partner (where relevant) done the following with <young person>: (Please tick ONE box on each line.)**

	Never or hardly ever	A few times a year	About once a month	Several times a month	Several times a week
a. Discussed how he/she is getting on with different subjects at school/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>

**C2. [Card C2] Looking at Card C2, taking everything into account, how far do you expect <young person> will go in his/her education or training?**

- a. Junior Certificate or equivalent .....<sub>1</sub>
- b. Leaving Certificate or equivalent .....<sub>2</sub>
- c. An apprenticeship or trade .....<sub>3</sub>
- d. Diploma/Certificate .....<sub>4</sub>
- e. Degree .....<sub>5</sub>
- f. Postgraduate/higher degree .....<sub>6</sub>
- g. Don't know .....<sub>7</sub>

**C3. [Card C3] The following are some questions on your knowledge of what <young person> does in his/her free time, where he/she goes, and who he/she has as friends. [MONITORING]**

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
A. Do you know what <young person> does with his/her free time.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Do you know who he/she has as friends during his/her free 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
C. Do/did you usually know what type of homework he/she has/had. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Do you know what he/she spends his/her money on .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Do/did you know when he/she has/had a test or homework due at school. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
F. Do/did you know how he/she does/did in different subjects at school. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
G. Do you know where he/she goes when out at night with friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H. Do/did you know where he/she goes/went and what he/she does/did after 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
I. How often in the last month have you had no idea where he/she was. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**C4. [CARD C4] The following are some questions about how much <young person> actually tells you about what he/she is doing, without being asked. [DISCLOSURE]**

	Almost never or never	Not very often	Sometimes	Often	Almost always or 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 school (how subjects are going; relationships with teachers etc). ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Does he/she hide a lot from you about what he/she is doing during nights and weekends .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Does he/she like to tell you what he/she has been doing and where 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

**C5. [Show Card C5] Looking at Card C5, now I'd like to ask you about the time <young person> spends with you including times when others are present. How many days per week do you:**

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

**C6. Could you tell me whether or not you would describe the following as an immediate major concern or worry for you about <young person>? [Show Card C6]**

	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

## SECTION D: YOUNG PERSON'S EMOTIONAL HEALTH AND WELL-BEING

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

**D1. [Card D1]** Listed on Card D1, is a set of statements which could be used to describe <young person's> behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of <young person's> behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

	Not True	Somewhat True	Certainly True
A. Considerate of other people's feelings .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Restless, overactive, cannot stay still for long .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Often complains of headaches, stomach aches or sickness .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Shares readily with other young people .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Often has temper tantrums or hot tempers .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Rather solitary, tends to play alone .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Generally obedient, usually does what adults request .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Many worries, often seems worried .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Helpful if someone is hurt, upset or feeling ill .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J. Constantly fidgeting or squirming .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
K. Has at least one good friend .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
L. Often fights with other children or bullies them.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
M. Often unhappy, down-hearted or tearful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
N. Generally liked by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
O. Easily distracted, concentration wanders .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
P. Nervous or clingy in new situations, easily loses confidence.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q. Kind to younger children .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
R. Often lies or cheats .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
S. Picked on or bullied by other children .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
T. Often volunteers to help others (parents, teachers, other children).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
U. Thinks things out before acting .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
V. Steals from home, school or elsewhere .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
W. Gets on better with adults than with other children .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
X. Many fears, easily scared.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Y. Sees tasks through to the end, good attention span.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**D2. [Card D2]** Listed on card D2 are a number of personality traits that may or may not apply to your child. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to him/her, even if one characteristic applies more strongly than the other.

I see my child as:

	Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
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
Critical, quarrelsome .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Dependable, self-disciplined.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Anxious, easily upset .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Open to new experiences, complex.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Reserved, quiet.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Sympathetic, warm .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Disorganized, careless .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Calm, emotionally stable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Conventional, uncreative .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

## SECTION E: PARENT'S SOCIO-DEMOGRAPHICS – PES, CLASS, WORKLIFE-BALANCE

Now some questions about the circumstances of your household.

**E1. Does your accommodation have access to a garden or common space (either private or shared)?**

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

**E2a. [Card E2a] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?**

- 1. Owned outright (without a mortgage)..... <sub>1</sub>
- 2. Owned with a mortgage..... <sub>2</sub>
- 3. Being purchased from a Local Authority under a Tenant Purchase Scheme..... <sub>3</sub>
- 4. Rented from a Local Authority..... <sub>4</sub>
- 5. Rented from a Voluntary Body ..... <sub>5</sub>
- 6. Rented from a Private Landlord ..... <sub>6</sub>
- 7. Living with and paying rent to your (or your partner's) parent(s) ..... <sub>7</sub>
- 8. Occupied free of rent with your (or your partner's) parent(s) ..... <sub>8</sub>
- 9. Occupied free of rent from your (or your partner's) job ..... <sub>9</sub>

**E2b. Do you feel that your current accommodation (excluding location) is suitable for your family's needs?**

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

**E2c. [CARD E2c] Why is that? [Int: tick all that apply]**

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

**E3. [Card E3] 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']

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>0. Currently on maternity leave, but with a job to return to ..... <input type="checkbox"/><sub>0</sub></li> <li>1. Employee (incl. apprenticeship or Community Employment) ..... <input type="checkbox"/><sub>1</sub></li> <li>2. Self employed outside farming ..... <input type="checkbox"/><sub>2</sub></li> <li>3. Farmer ..... <input type="checkbox"/><sub>3</sub></li> </ul> | <ul style="list-style-type: none"> <li>4. Student full-time ..... <input type="checkbox"/><sub>4</sub></li> <li>5. On State training scheme (FAS, Failte Ireland etc)..... <input type="checkbox"/><sub>5</sub></li> <li>6. Unemployed, actively looking for a job ..... <input type="checkbox"/><sub>6</sub></li> <li>7. Long-term sickness or disability..... <input type="checkbox"/><sub>7</sub></li> <li>8. Home duties / looking after home or family ..... <input type="checkbox"/><sub>8</sub></li> <li>9. Retired..... <input type="checkbox"/><sub>9</sub></li> <li>10. Other (please specify) _____ <input type="checkbox"/><sub>10</sub></li> </ul> |
|---|---|

**E4. When did you start this job? \_\_\_\_\_ year**

**E5. 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**

**E6. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?**

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

**Go to E12**

**E7. [Card E7] 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**

**E8. Do you supervise or manage any personnel in your job?**

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

**E9. How many?** \_\_\_\_\_

**E10. How many employees (if any) do you have?** \_\_\_\_\_ employees N A .... <sub>99</sub>

**E11. [Ask only if Farmer at E3.] How many acres do you farm?** \_\_\_\_\_ acres

**Go to E23**

**E12. Apart from holiday or casual work, have you ever had a job?** Yes ..... <sub>1</sub> No .. <sub>2</sub> **Go to E19**

**E13. In what year did you last work in that full-time job?** \_\_\_\_\_ year

**E14. When you last worked in that full-time job were you?**

Employee (incl. apprenticeship or Community Employment) ..... <sub>1</sub> Self-employed outside farming ..... <sub>2</sub> Farmer ..... <sub>3</sub>

**E15. [Card E15] What was your occupation in your main job?**

In all cases descr be 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**

**E16a. Did you supervise or manage any personnel in your job?**

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

**E16b. How many?** \_\_\_\_\_

**E17. How many employees (if any) did you have?** \_\_\_\_\_ employees N A .... <sub>99</sub>

**E18. [Ask only if Farmer at E14] How many acres did you farm?** \_\_\_\_\_ acres

**[ASK OF CODES 4 – 10]**

**E19. Do you currently have a paid job outside the home?** Yes ..... <sub>1</sub> No ..... <sub>2</sub> **Go to E22**

**E20. On average, how many hours per week do you work in that paid job?** \_\_\_\_\_ hours

**E21. [Card E21] What is your occupation in that job?**

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

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

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

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

**Write in your main OCCUPATION**

**If a farmer or a farm worker, write in the SIZE of the farm \_\_\_\_\_ acres**

**Go to E23**

**E22. [Card E22] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.**

- A. I can't find a job ..... \_\_\_\_\_
- B. I chose not to work ..... \_\_\_\_\_
- C. I am caring for an elderly or ill relative or friend.. \_\_\_\_\_
- D. I prefer be at home to look after my children myself
- E. I cannot earn enough to pay for childcare..... \_\_\_\_\_
- F. I cannot find suitable childcare ..... \_\_\_\_\_
- G. There are no suitable jobs available for me.... \_\_\_\_\_
- H. My family would lose Social Welfare or medical benefits if I was earning..... \_\_\_\_\_
- I. Other reason (specify)..... \_\_\_\_\_

**E23. [Card E23] What is the occupation of your spouse / partner? [If not currently employed, please record last occupation]**

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

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

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

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

**Write in your main OCCUPATION**

**If a farmer or a farm worker, how many acres do you farm? \_\_\_\_\_ acres**

**E24. [Show Card E24] Please tell me how strongly you agree or disagree with the following statements.**

Strongly Disagree	Disagree	Neither nor disagree	Agree	Strongly Agree	NA
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**Because of your work responsibilities:**

- A. You have missed out on home or family activities that you would have liked to have taken part in..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- B. Your family time is less enjoyable and more pressured..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

**Because of your family responsibilities:**

- C. You have to turn down work activities or opportunities you would prefer to take on ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- D. The time you spend working is less enjoyable and more pressured..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

## SECTION F: PARENT'S BACKGROUND CHARACTERISTICS

### Now some more questions about yourself

#### F1. [Forward feed of parental education from 13-year-cohort]

When we interviewed you when <young person> was 13 years of age we recorded that the highest level of education (full-time or part-time) which you had completed was <PCG at 13 year level of education>.

#### F2. Is this still the highest level of education you have completed to date?

Yes.....\_1 No, wrongly recorded at 13 years.....\_2 No, changed since 13 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. Do you belong to any religion?**

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

**F10. [Card F10] Which religion?**

1. Christian – no denomination .....\_1

5. Jewish .....\_5

2. Roman Catholic .....\_2

6. Muslim .....\_6

3. Anglican/Church of Ireland/Episcopalian.....\_3

7. Other (please specify).....\_7

4. Other Protestant .....\_4



F11. In general, would you describe yourself as a spiritual person (even if you do not belong to any religion)?

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

F12. [Forward feed] Are you a citizen of Ireland? Yes..1    No .....2

F13. What citizenship do you hold? \_\_\_\_\_

F14. [Forward feed] Were you born in Ireland? Yes.....1    No .....2

F15. In which country were you born? \_\_\_\_\_

F16. How long ago did you first come to live in Ireland?

Within the last year	1-5 years ago	6-10 years ago	11-20 years ago	More than 20 years ago	Don't Know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88

F17. [Card F17] Looking at card F17, can you tell me, what is your ethnic or cultural background?

Please choose ONE section from 1 to 4 then tick the appropriate box.

1. White
  - Irish.....1
  - Irish Traveller .....2
  - Any other White background.....3
2. Black or Black Irish
  - African .....4
  - Any other Black background .....5
3. Asian or Asian Irish
  - Chinese .....6
  - Any other Asian background.....7
4. Other, including mixed background .....8

### 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. A]

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. B]

	<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. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

### HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

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.....99    € \_\_\_\_\_ per Week.....1    Month.....2    Year 3

**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 and PRSI 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 deductions for tax and PRSI only]**

**HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI**

<b>Per Week</b>	<b>Per Month</b>	<b>Per Year</b>	<b>Category</b>
Under €230.....	Under €1,000.....	Under €12,000.....	A <input type="checkbox"/> → Section A, Card G28
€231 to under €350.....	€1,001 to under €1,500.....	€12,001 to under €18,000....	B <input type="checkbox"/> → Section B, Card G28
€351 to under €460.....	€1,501 to under €2,000.....	€18,001 to under €24,000....	C <input type="checkbox"/> → Section C, Card G28
€461 to under €575.....	€2,001 to under €2,500.....	€24,001 to under €30,000....	D <input type="checkbox"/> → Section D, Card G28
€576 to under €800.....	€2,501 to under €3,500.....	€30,001 to under €42,000....	E <input type="checkbox"/> → Section E, Card G28
€801 to under €925.....	€3,501 to under €4,000.....	€42,001 to under €48,000....	F <input type="checkbox"/> → Section F, Card G28
€926 to under €1,150.....	€4,001 to under €5,000.....	€48,001 to under €60,000....	G <input type="checkbox"/> → Section G, Card G28
€1,151 to under €1,500.....	€5,001 to under €6,500.....	€60,001 to under €78,000....	H <input type="checkbox"/> → Section H, Card G28
€1,501 to under €1,850.....	€6,501 to under €8,000.....	€78,001 to under €96,000....	I <input type="checkbox"/> → Section I, Card G28
€1,851 or more.....	€8,001 or more.....	€96,001 or more.....	J <input type="checkbox"/> → Section J, Card G28
Refused.....	<input type="checkbox"/> <b>GO TO G29</b>	Don't Know.....	<input type="checkbox"/> <b>GO TO G29</b>

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

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

**G7. [Card G7] Now I'd like to record information on any Social Welfare payments which are received by ANYONE in the household. Looking at Card G7, could you tell me whether or not ANYONE in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]**

Social Welfare Payment		Social Welfare Payment	
<b>UNEMPLOYMENT PAYMENTS</b>			
Jobseeker's Benefit	<input type="checkbox"/> <sub>1</sub>	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> <sub>2</sub>
<b>EMPLOYMENT SUPPORTS</b>			
Family Income Supplement	<input type="checkbox"/> <sub>3</sub>	Back to Work Enterprise Allowance	<input type="checkbox"/> <sub>6</sub>
Farm Assist	<input type="checkbox"/> <sub>4</sub>	Part-time Job Incentive Scheme	<input type="checkbox"/> <sub>7</sub>
Back to Work Allowance (Employees)	<input type="checkbox"/> <sub>5</sub>	Back to Education Allowance	<input type="checkbox"/> <sub>8</sub>
Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> <sub>9</sub>	Rural Social Scheme	<input type="checkbox"/> <sub>10</sub>
<b>ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS</b>			
Widow's or Widower's (Contributory) Pension	<input type="checkbox"/> <sub>11</sub>	Deserted Wife's Allowance	<input type="checkbox"/> <sub>15</sub>
Deserted Wife's Benefit	<input type="checkbox"/> <sub>12</sub>	Prisoner's Wife's Allowance	<input type="checkbox"/> <sub>16</sub>
Widowed Parent Grant	<input type="checkbox"/> <sub>13</sub>	One-Parent Family Payment	<input type="checkbox"/> <sub>17</sub>
Widow's or Widower's (Non-Contrib) Pension	<input type="checkbox"/> <sub>14</sub>		
<b>CHILD RELATED PAYMENTS</b>			
Maternity Benefit	<input type="checkbox"/> <sub>18</sub>	Guardian's Payment (Contributory)	<input type="checkbox"/> <sub>21</sub>
Adoptive Benefit	<input type="checkbox"/> <sub>19</sub>	Guardian's Payment (Non-Contributory)	<input type="checkbox"/> <sub>22</sub>
Health & Safety Benefit	<input type="checkbox"/> <sub>20</sub>	Guardian/Orphan's pension	<input type="checkbox"/> <sub>23</sub>
<b>DISABILITY AND CARING PAYMENTS</b>			
Illness Benefit	<input type="checkbox"/> <sub>24</sub>	Prescribed Relative's Allowance	<input type="checkbox"/> <sub>32</sub>
Invalidity Pension	<input type="checkbox"/> <sub>25</sub>	Injury Benefit	<input type="checkbox"/> <sub>33</sub>
Disability Allowance	<input type="checkbox"/> <sub>26</sub>	Incapacity Supplement	<input type="checkbox"/> <sub>34</sub>
Blind Pension	<input type="checkbox"/> <sub>27</sub>	Disablement Benefit	<input type="checkbox"/> <sub>35</sub>
Carer's Benefit	<input type="checkbox"/> <sub>28</sub>	Medical Care Scheme	<input type="checkbox"/> <sub>36</sub>
Domiciliary Care Allowance	<input type="checkbox"/> <sub>29</sub>	Constant Attendance Allowance	<input type="checkbox"/> <sub>37</sub>
Carer's Allowance	<input type="checkbox"/> <sub>30</sub>	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> <sub>38</sub>
Half-rate Carer's Allowance	<input type="checkbox"/> <sub>31</sub>		
<b>RETIREMENT PAYMENTS</b>			
State Pension (Transition)	<input type="checkbox"/> <sub>39</sub>	State Pension Non-Contributory	<input type="checkbox"/> <sub>41</sub>
State Pension (Contributory)	<input type="checkbox"/> <sub>40</sub>	Pre-Retirement Allowance	<input type="checkbox"/> <sub>42</sub>
<b>OTHER PAYMENTS</b>			
Fuel/Smokeless Fuel Allowance	<input type="checkbox"/> <sub>43</sub>	Diet/heating supplements	<input type="checkbox"/> <sub>45</sub>
Household Benefits Package (electricity/gas/phone)	<input type="checkbox"/> <sub>44</sub>		

**G8. Does anyone in your household currently receive rent or mortgage supplement? Yes...  <sub>1</sub> No...  <sub>2</sub>**

**G9. How much does the household receive PER WEEK in rent or mortgage supplement? € \_\_\_\_\_**

**G10. Do you receive or have you received in the last 12 months, any of the following payments? [Tick all that apply]**

- (a) Back to school clothing and footwear allowance .....  <sub>1</sub>
- (b) Exceptional and urgent needs payments (from Community Welfare Officer) .....  <sub>2</sub>
- (c) Foster Care Allowance .....  <sub>3</sub>

**G11. [Card G11] Looking at Card G11 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 |

**G12. [Card G12] 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 |

**G13. [Card G13] 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 |

**G14. 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

**G15. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?**

- Yes ..... 1      No ..... 2

**G16. [Card G16] 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 |

**G17. Does your family have a car?**

- Yes ..... 1      No ..... 2

**G18. Would your family like to have a car but you cannot afford it?**

- Yes ..... 1      No ..... 2

**G19. Over recent years we have had major changes in the economy with the recession, cutbacks and unemployment. Would you say that the recession has had:**

**A very significant effect  
on your family**

**A significant effect  
on your family**

**A small effect  
on your family**

**No effect at all  
on your family**

 1

 2

 3

 4

**G20. [Card G20] How has it affected your family? [Int: tick all that apply]**

- a. You were made redundant / lost your job .....  1
- b. Your spouse/partner was made redundant / lost their job .....  2
- c. Your or your spouse/partner's working hours were reduced .....  3
- d. Your or your spouse/partner's wages were reduced .....  4
- e. Your or your spouse/partner's social welfare benefits were reduced .....  5
- f. Your family can't afford luxuries (holidays, meals out, etc) .....  6
- g. Your family can't afford / had to cut back on basics (food, clothes) .....  7
- h. You are behind with rent / mortgage payments .....  8
- i. You are behind with utility bills (e.g. electricity, gas bills, etc) .....  9
- j. Other (please specify) \_\_\_\_\_ .....  10

**G21. [Card G21] Are you currently having difficulty meeting any loan repayments (from any source)?**

A lot .....  1

A little .....  2

No difficulty .....  3

No loans .....  4

**G21a. [Card G21a] From where/whom did you get the loan(s) that you are having difficulty repaying (tick all that apply)?**

- Mortgage .....  1
- Other loan from a financial institution (e.g. bank or credit union) .....  2
- Payment plan or hire-purchase agreement from a retailer .....  3
- Credit card bill .....  4
- Registered moneylender .....  5
- Unregistered moneylender or 'loan shark' .....  6
- Relative .....  7
- Friend .....  8
- Other (please specify) \_\_\_\_\_ .....  9

**G22a. Do you or your spouse/partner currently provide any financial support to <young person>, either directly or indirectly?:**

Yes  1 No  2

**G22b. [Card G22b] If yes, what form does this financial support take? [Int: tick all that apply]**

- a. You pay for some or all of his/her education costs (fees, books, etc) .....  1
- b. You pay for some or all of his/her accommodation costs if living away from home .....  2
- c. You pay for some or all of his/her transport costs (e.g. car insurance, train fare) ...  3
- d. You give them money (to spend as they wish) .....  4
- e. You loan them money and they pay you back .....  5
- f. Other financial support (please specify) \_\_\_\_\_ .....  6

**G22c. [If give YP money] Is this a regular payment like an allowance, irregular payments or both?**

Regular payment  1 Irregular payment  2 Both regular and irregular  3

**G22d. [If any of a to f above] How much money would you transfer to the young person in a typical month, including all cash transfers and as a result of subsidising the cost of education, transport or accommodation away from home?**

€ \_\_\_\_\_ (amount per month)

**G23a. Do you or your spouse/partner currently receive any payments from the <young person>?**

Yes \_1 No \_2

**G23b. [Card G23b] If yes, what form does this payment take? [Int: tick all that apply]**

- a. They give you money on a regular basis (i.e. a set amount per week or month)....\_1
- b. They give you some money towards their 'keep' now and then.....\_2
- c. They give you money if you ask for it because you need it.....\_3
- d. They pay for particular household bills (e.g. a utility bill or for petrol in the car).....\_4
- e. They loan you money and you pay them back.....\_5
- f. Other financial support from the young person (please specify).....\_6

**G23c. [If any of a to f above] How much money do you receive from the young person or how much does he/she contribute towards the household in a typical month, both regular and irregular payments considered?**

€ \_\_\_\_\_ (amount per month)

## SECTION H: NEIGHBOURHOOD / COMMUNITY INVOLVEMENT

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

**H1. How long have you lived in your local area? \_\_\_\_\_ years OR \_\_\_\_\_ months**

**H2. 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

**H3. [Card H3] How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common, fairly common, not very common, or not at all common.**

	Very Common	Fairly common	Not very common	Not at all common
Rubbish and litter lying about .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
Homes and gardens in bad condition .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
Vandalism and deliberate damage to property .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
People being drunk or taking drugs in public.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

**H4. [Card H4] 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 17-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 where teenagers can safely hang out .....	<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 in this area. ....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

**H5a. [Card H5] To what extent are you concerned about the activity of criminal gangs in your local area?**

Very concerned \_1 Quite concerned. \_2 A little concerned \_3 Not concerned ... \_4 Not applicable ... \_5

**H5b. Please tell us why you are concerned about gang activity in this area. \_\_\_\_\_ (OPEN ENDED)**

## SECTION I: INTERGENERATIONAL CHARACTERISTICS

**I1. I would like you to think back to when you were 16 years of age. When you were 16 years of age was:**

- |                             | Yes                                   | No                                    |
|-----------------------------|---------------------------------------|---------------------------------------|
| a) your mother alive? ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b) your father alive? ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

**I2. Again, thinking back to when you were 16 years of age, did you live:** (tick one only)

- a) with both parents? ..... <sub>1</sub>
- b) with single mother (one-parent family)? ..... <sub>2</sub>
- c) with single father (one-parent family)?... ..... <sub>3</sub>
- d) with mother and mother's new partner/husband?.. <sub>4</sub>
- e) with father and father's new partner/wife? ..... <sub>5</sub>
- f) in a foster home? ..... <sub>6</sub>
- g) in a collective household or institution? . ..... <sub>7</sub>
- h) Other (specify) \_\_\_\_\_ .. <sub>8</sub>

**I3. When you were 16 years of age, how many brothers and sisters lived in the same household as you did?**

\_\_\_\_\_ brothers and sisters

**I4. [If still alive when person was 16] Is your father still alive?**

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

**I4a. [Or if dead at I4] What age was he when he died?** \_\_\_\_\_

**I4b. What did he die of?** \_\_\_\_\_

**I5. What year was your father born in?** \_\_\_\_\_

Don't know..... <sub>1</sub>      [and if still alive]  
Approximately what age is he in years? \_\_\_\_\_

**I6. [If mother alive when person was 16] Is your mother still alive?**

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

**I6a. [Or if dead at I6]What age was she when she died?** \_\_\_\_\_

**I6b. What did she die of?** \_\_\_\_\_

**I7. What year was your mother born in?** \_\_\_\_\_

Don't know..... <sub>1</sub>      [and if still alive]  
Approximately what age is she in years? \_\_\_\_\_

**18. [Show card 18] Thinking back to when you were 16 years of age, what was the highest level of education completed by (a) your mother and (b) your father?**

	(a) Mother	(b) Father?
1. No formal education .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
2. Primary education .....	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
<b>Second Level</b>		
3. Lower Secondary .....	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
<small>(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).</small>		
4. Upper Secondary .....	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>
<small>(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent)</small>		
5. Technical or Vocational qualification.....	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>
<small>(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).</small>		
6. Both Upper Secondary and Technical or Vocational qualification .....	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>
<b>Third Level</b>		
7. Non Degree .....	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>7</sub>
<small>(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)</small>		
8. Primary Degree .....	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>8</sub>
<small>(Third Level Bachelor Degree)</small>		
9. Professional qualification (of Degree status at least).....	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>9</sub>
10. Both a Degree and a Professional qualification .....	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>10</sub>
11. Postgraduate Certificate or Diploma.....	<input type="checkbox"/> <sub>11</sub>	<input type="checkbox"/> <sub>11</sub>
12. Postgraduate Degree (Masters) .....	<input type="checkbox"/> <sub>12</sub>	<input type="checkbox"/> <sub>12</sub>
13. Doctorate (Ph.D).....	<input type="checkbox"/> <sub>13</sub>	<input type="checkbox"/> <sub>13</sub>

**19. When you were 16 years of age, which of the following best describes (a) your mother's and (b) your father's main status with regard to work?**

	(a) Your Mother	(b) Your Father
1. Employee .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
2. Self-employed (incl farmer) .....	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
3. Unpaid family worker .....	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
4. Unemployed.....	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>
5. Retired .....	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>
6. Fulltime housework.....	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>
7. Other (specify) _____ .....	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>7</sub>

**110. When you were 16, what was the main occupation of (a) your mother and (b) your father?**

110a) mother's occupation \_\_\_\_\_

110b) father's occupation \_\_\_\_\_

**111. A household may have different sources of income and more than one household member may contribute to it. Thinking back to when you were 16 years of age, concerning your household's total monthly or weekly income, with which degree of ease or difficulty was the household able to make ends meet?**

With great difficulty	With difficulty	With some difficulty	Fairly easily	Easily	Very easily
<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>



**Appendix A12: Parent / Guardian One  
Sensitive Questionnaire**



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

**PARENT/GUARDIAN ONE: SENSITIVE QUESTIONNAIRE, 17-Year-old Cohort**

AREA  HHOLD

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

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

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

**SECTION A: RELATIONSHIP TO YP**

S1. Are you male or female?

Male..... <sub>1</sub> Female ..... <sub>2</sub>

S2. 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 AS3 – AS5):**

S3. 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>

S4. When did <Person from Wave 1> stop living with you: Since what year? \_\_\_\_\_ [YYYY]

S5. When did <Person from Wave 1> stop living with you: Since what month? \_\_\_\_\_ mth

S6. Are you the biological parent of <young person>?

Yes..... <sub>1</sub> → Go to S19 No..... <sub>2</sub> → Go to S7

S7. Are you the adoptive parent of <young person>?

Yes..... <sub>1</sub> No..... <sub>2</sub> → Go to S12

S8. Was that a domestic or an inter-country adoption?

Domestic..... <sub>1</sub>

Inter-country ..... <sub>2</sub>

S9. Was this a within family adoption?

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

S10. From which country?

\_\_\_\_\_

S11. What age was <young person> when you adopted him/ her? \_\_\_\_\_ years

**NOW PLEASE GO TO S19**

**FORWARD FEED**

**S12. Are you the foster parent of <young person>?**

Yes.....1 No.....2 → **Go to S19**

**S13. How long has <young person> been with your family? \_\_\_\_\_ years \_\_\_\_\_ months**

**S14. Do you anticipate that this will be a long-term foster placement? Yes .....1 No .....2**

**S15. How many previous foster placements has <young person> been in? \_\_\_\_\_ previous placements  
Don't Know...99**

**S16. Immediately before coming to live with you was <young person> living with another foster family, his/her family or in institutional care?**

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

**S17. Are you related to <young person> Yes .....1 No .....2 → **Go to S19****

**S18. How are you related to <young person> \_\_\_\_\_**

**NOW PLEASE GO TO S19**

**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.

**S19. Can you tell me which of these best describes your current marital status?**

- Married and living with husband / wife .....1 **Go to S20**
- Married and separated from husband / wife .....2 **Go to S21**
- Divorced .....3 **Go to S21**
- Widowed .....4 **Go to S21**
- Never married .....5 **Go to S23**

**S20. In what year did you marry your husband / wife? \_\_\_\_\_(year) Go to S24**

**S21. In what year did you marry your (former) spouse? \_\_\_\_\_(year) Go to S22**

**S22. Since when have you been living apart / spouse deceased? \_\_\_\_\_(year) Go to S23**

**S23. May I just check whether you are currently living with someone in the household as a couple?**

Yes.....1 No .....2 **Go to S29**

**S24. Since when have you and your spouse or partner been living together? \_\_\_\_\_ (mth) \_\_\_\_\_(year)**

**S25. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?**

- Most days .....1 → **Go to S26**
- At least once a week .....2 → **Go to S26**
- Less than once a week .....3 → **Go to S26**
- Hardly ever .....4 → **Go to S26**
- Never .....5 → **Go to S27**

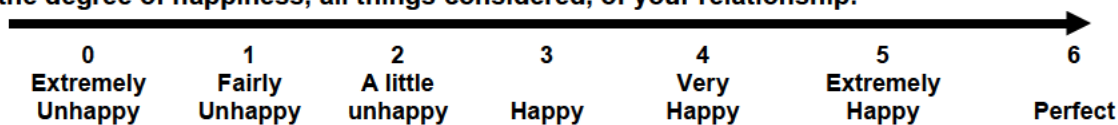
**S26. When you and your partner argue, how often do you ....**

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

**S27. How often would you say the following happen in your relationship?**

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
You discuss or have considered divorce, separation, or terminating your relationship.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
You think that things between you and your partner are going well .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
You confide in your mate / partner.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

S28. 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.



**SECTION C: PARENTAL EFFICACY AND PREGNANCY STATUS**

S29. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and the young person right now. Remember, there no right or wrong answers, just try to be as honest as possible

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

S30. [ONLY OF FEMALE RESPONDENTS] Are you currently pregnant? Yes..... 1 No ..... 2

**SECTION D: FAST – PARENTAL ALCOHOL SCREEN**

S31. Which of the following best describes how often you usually drink alcohol?

1. Never.....	<input type="checkbox"/> 1	<b>Go to S38</b>
2. Less than once a month.....	<input type="checkbox"/> 2	
3. 1-2 times a month.....	<input type="checkbox"/> 3	
4. 1-2 times a week.....	<input type="checkbox"/> 4	
5. 3-4 times a week.....	<input type="checkbox"/> 5	
6. 5-6 times a week.....	<input type="checkbox"/> 6	
7. Every day.....	<input type="checkbox"/> 7	

*If currently drink alcohol between everyday and 1-2 times a week ask:*  
**S32. 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 = 1/2 pint of beer or 1 glass of wine or 1 single spirits

S33. [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

S34. [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

S35. 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

S36. 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

S37. 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 E: PARENTAL SMOKING AND DRUGS

**S38. Do you currently smoke daily, occasionally or not at all?**

Daily ..... <sub>1</sub>      Occasionally ..... <sub>2</sub>      Not at all ..... <sub>3</sub>

**S39. About how many cigarettes or cigars do you smoke on average each day?**

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

**S40. Including yourself, how many members of the household smoke? \_\_\_\_ N**

**S41. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?**

Regularly ..... <sub>1</sub>      Occasionally ..... <sub>2</sub>      Not at all ..... <sub>3</sub>

## SECTION F: PARENTAL DEPRESSION CES-D

**S42. Since the time of the last interview when <young person> was 13 years of age, have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?**

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

**S43. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?**

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

**S44. 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 G: PARENTAL AND RELATIVE'S TROUBLE WITH THE GARDAÍ (POLICE)

**S45a. Have you 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> → Go to S46

**S45b. Have you ever been to prison?    Yes ..... <sub>1</sub>      No ..... <sub>2</sub>**

**S46. Can you tell me if <young person> has ....**

	Yes, in past year	Yes, more than a year ago	No	Don't know	Refused
A. Ever been in trouble with the Gardaí for traffic offences?	<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>9</sub>
B. Ever been in trouble with the Gardaí for other offences?	<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>9</sub>
C. Ever been arrested by the Gardaí? .....	<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>9</sub>
D. Ever had a formal warning from the Gardaí? .....	<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>9</sub>
E. Ever been in court for something that <he/she> did? .....	<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>9</sub>

**S47a. Have any of <young person>'s brothers or sisters ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) other than for traffic offences?**

Yes.....\_1 No.....\_2 No brothers/sisters .....\_3

**S47b. Have any of them ever been to prison?** Yes .....\_1 No.....\_2

**S47c. Have any of <young person>'s aunts or uncles ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) other than for traffic offences?**

Yes.....\_1 No.....\_2 No uncles/aunts.....\_3

**S47d. Have any of them ever been to prison?** Yes .....\_1 No.....\_2

**SECTION H: PARENTAL KNOWLEDGE OF YP'S DRINKING, SMOKING, DRUG-TAKING AND DISCUSSION OF SEXUAL HEALTH**

**S48. To the best of your knowledge, has <young person> ever tried:**

	Definitely	Probably	Possibly	I don't think so
a. Alcohol? .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
b. Cigarettes?.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
c. Cannabis/Marijuana? .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

**S49. Have you spoken to <young person> personally about the following sexual health issues?**

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

**SECTION I: RESIDENT PARENT'S DETAILS ON NON-RESIDENT PARENT**

**S50. Can we check, does <young person's> biological father/ mother live here with you or elsewhere?**

Lives here.....\_1 → **Go to END**  
 Deceased.....\_2 → **Go to END**  
 Temporarily lives elsewhere.....\_3 → **Go to END**  
 Lives elsewhere.....\_4 → **Go to S51**

**S51. Were you ever married to or did you ever live with <young person's> biological father / mother?**

Yes, married to...\_1 Yes, lived with...\_2 No \_3 **Go to S53** Adoptive / Foster parent \_4 **Go to END**

**S52. What age was <young person> when you split or separated from their biological father / mother?**

\_\_\_\_\_

**S53. Do you have a formal or informal parenting arrangement regarding <young person> and where he / she lives?**

Formal.....\_1 Informal.....\_2 No parenting arrangement ...\_3 No contact \_4

**S54. Briefly describe that arrangement**

\_\_\_\_\_  
 \_\_\_\_\_

**S55. How did you arrive at that arrangement?**

Court imposed arrangements .....\_1  
 Formal negotiated arrangements other than legal (e.g. counsellor).....\_2  
 Mutual agreement with no third party negotiator .....

**S56. How far does <young person's> biological father / mother live from here?**

Within ½ hour's drive from here ..... <sub>1</sub>      More than 1 hour's drive from here..... <sub>3</sub>  
 Between ½ and 1 hour's drive from here.. <sub>2</sub>      Outside the country..... <sub>4</sub>  
 I don't know where he/she lives ..... <sub>5</sub>

**S57. How often does <young person> have:**

	Daily	More than once a week	Once a week	Every second week / weekend	Monthly	Less than once a month	No contact
a. Face-to-face contact with his/her biological mother/father.....	<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. Contact on skype, email, text or phone with his/her biological mother/father.....	<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>

**S58. Does <young person> ever stay overnight with his/her biological mother/father?**

	More than once a week	Once a week	Every second week / weekend	Monthly	Less than once a month	No contact
	<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>

**S59. Does <young person's> biological father / mother make ANY financial contribution to your household and the maintenance of <young person>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.**

No, he/she never makes any payment ..... <sub>1</sub>  
 Yes, he/she makes payments from time to time..... <sub>2</sub>  
 Yes, he/she makes a regular payment ..... <sub>3</sub>

**S60. How often do you talk to <young person's> biological father/ mother about <young person>?**

Every day	Several times a week	About once a week	A few times a month	Several times a year	Never
<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>

**S61. How well do you get on with <young person's> biological father/ mother? Would you say your relationship is?**

Very positive	Positive	Neither positive nor negative	Somewhat negative	Very negative	No contact/no 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>

**S62. We would like to send a short questionnaire to <young person's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <young person's> biological father/ mother?**

Yes ..... <sub>1</sub>  
 No, I do not wish other parent to be contacted ..... <sub>2</sub>  
 No, I do not have contact details for other parent ..... <sub>3</sub>

**Please give contact details to interviewer**

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



**Appendix A13: Parent / Guardian Two  
Main Questionnaire**





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

**PARENT/GUARDIAN TWO – MAIN QUESTIONNAIRE – 17-year-old Cohort**

AREA

HOUSEHOLD

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

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

X1. Are you: Male ..... <sub>1</sub> Female ..... <sub>2</sub>

X2. What is your date of birth?   day   month     year

**SECTION A: PARENT'S HEALTH**

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

**A1. [Card A1] In general, how would you say your current health is?**

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

**A2. Do you have any on-going chronic physical or mental health problem, illness or disability?**

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

**A3. 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.]

\_\_\_\_\_

\_\_\_\_\_

**A4. Has this health problem, illness or disability been diagnosed by a medical professional?**

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

**A5. Since when have you had this problem, illness or disability? \_\_\_\_\_(mth) \_\_\_\_\_(year)**

**A6. Are you hampered in your daily activities by this problem, illness or disability?**

Yes, severely ..... <sub>1</sub> Yes, to some extent ..... <sub>2</sub> No ..... <sub>3</sub>

**A7. Thinking about your free-time, in general would you say you are...[INT:READ OUT]**

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

**A8. [Card A8] Do you think that you are:**

[INT: ASK THE RESPONDENT TO USE CODES 1-8 AS ON THE CARD IF YOUNG PERSON IS PRESENT AT TIME OF INTERVIEW]

- 1. Very underweight..... 1
- 2. Slightly underweight..... 2
- 3. Moderately underweight ..... 3
- 4. About the right weight ..... 4
- 5. Slightly overweight..... 5
- 6. Moderately overweight..... 6
- 7. Very overweight..... 7
- 8. Don't know ..... 8

**A9. [Card A9] How often do you try to lose weight through dieting? Would you say...**

Very often ..... 1    Often ..... 2    Sometimes ..... 3    Rarely ..... 4    Never ..... 5

**A10. Are you covered by a medical card?**

Yes, full card ..... 1    Yes, doctor only card..... 2    Not covered ..... 3

**A11. Are you covered by private medical insurance?**

Yes ..... 1    No ..... 2

**A12. Does that insurance include the cost of GP visits?**

Yes, in full ..... 1    Yes, partially ..... 2    No ..... 3

**SECTION B: FAMILY CONTEXT**

Now some questions about your relationship with <young person>.

**B1. [Card B1] Looking at Card B1, taking everything into account, how far do you expect <young person> will go in his/her education or training?**

- a. Junior Certificate or equivalent ..... 1
- b. Leaving Certificate or equivalent ..... 2
- c. An apprenticeship or trade ..... 3
- d. Diploma/Certificate ..... 4
- e. Degree ..... 5
- f. Postgraduate/higher degree ..... 6
- g. Don't know ..... 7

**B2. [Card B2] The following are some questions on your knowledge of what <young person> does in his/her free time, where he/she goes, and who he/she has as friends. [MONITORING]**

- |  | Almost<br>never or<br>never | Not<br>very<br>often       | Sometimes                  | Often                      | Almost<br>always or<br>always | N/A                        |
|--|-----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|
| A. Do you know what <young person> does with his/her free time.....                      | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5    | <input type="checkbox"/> 6 |
| B. Do you know who he/she has as friends during his/her free 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 |
| C. Do/did you usually know what type of homework he/she has/had. ....                    | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5    | <input type="checkbox"/> 6 |
| D. Do you know what he/she spends his/her money on .....                                 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5    | <input type="checkbox"/> 6 |
| E. Do/did you know when he/she has/had a test or homework due<br>at 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 |
| F. Do/did you know how he/she does/did in different subjects at school. ....             | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5    | <input type="checkbox"/> 6 |
| G. Do you know where he/she goes when out at night with friends.....                     | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5    | <input type="checkbox"/> 6 |
| H. Do/did you know where he/she goes/went and what he/she does/did<br>after 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 |
| I. How often in the last month have you had no idea where he/she was. ....               | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5    | <input type="checkbox"/> 6 |

**B3. [CARD B3] The following are some questions about how much <young person> actually tells you about what he/she is doing, without being asked. [DISCLOSURE]**

	Almost never or never	Not very often	Sometimes	Often	Almost always or 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 school (how subjects are going; relationships with teachers etc). ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Does he/she hide a lot from you about what he/she is doing during nights and weekends .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Does he/she like to tell you what he/she has been doing and where 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

**B4. [Show Card B4] Looking at Card B4, now I'd like to ask you about the time <young person> spends with you including times when others are present. How many days per week do you:**

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

**B5. Could you tell me whether or not you would describe the following as an immediate major concern or worry for you about <young person>? [Show Card B5]**

	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

**SECTION C: YOUNG PERSON'S EMOTIONAL HEALTH AND WELL-BEING**

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

**C1. [Card C1] Listed on Card C1, is a set of statements which could be used to describe <young person's> behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of <young person's> behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.**

	Not True	Somewhat True	Certainly True
A. Considerate of other people's feelings .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Restless, overactive, cannot stay still for long .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Often complains of headaches, stomach aches or sickness .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Shares readily with other young people.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Often has temper tantrums or hot tempers .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Rather solitary, tends to play alone .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Generally obedient, usually does what adults request .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Many worries, often seems worried .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Helpful if someone is hurt, upset or feeling ill .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J. Constantly fidgeting or squirming .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
K. Has at least one good friend .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
L. Often fights with other children or bullies them.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
M. Often unhappy, down-hearted or tearful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

- N. Generally liked by other children..... 1 ..... 2 ..... 3
- O. Easily distracted, concentration wanders ..... 1 ..... 2 ..... 3
- P. Nervous or clingy in new situations, easily loses confidence..... 1 ..... 2 ..... 3
- Q. Kind to younger children ..... 1 ..... 2 ..... 3
- R. Often lies or cheats ..... 1 ..... 2 ..... 3
- S. Picked on or bullied by other children ..... 1 ..... 2 ..... 3
- T. Often volunteers to help others (parents, teachers, other children) ..... 1 ..... 2 ..... 3
- U. Thinks things out before acting ..... 1 ..... 2 ..... 3
- V. Steals from home, school or elsewhere ..... 1 ..... 2 ..... 3
- W. Gets on better with adults than with other children ..... 1 ..... 2 ..... 3
- X. Many fears, easily scared..... 1 ..... 2 ..... 3
- Y. Sees tasks through to the end, good attention span..... 1 ..... 2 ..... 3

**C2. [Card C2] Listed on card C2 are a number of personality traits that may or may not apply to your child. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to him/her, even if one characteristic applies more strongly than the other.**

**I see my child as:**

	Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
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
Critical, quarrelsome .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Dependable, self-disciplined.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Anxious, easily upset .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Open to new experiences, complex.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Reserved, quiet.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Sympathetic, warm .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Disorganized, careless .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Calm, emotionally stable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Conventional, uncreative .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**SECTION D: PARENT’S SOCIO-DEMOGRAPHICS – PES, CLASS, WORKLIFE-BALANCE**

**Now some questions about the circumstances of your household.**

**D1. [Card D1] Which of these descriptions BEST describes your usual situation in regard to work?**

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

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>0. Currently on maternity leave, but with a job to return to ..... <input type="checkbox"/>0</li> <li>1. Employee (incl. apprenticeship or Community Employment) ..... <input type="checkbox"/>1</li> <li>2. Self employed outside farming ..... <input type="checkbox"/>2</li> <li>3. Farmer ..... <input type="checkbox"/>3</li> </ul> | <ul style="list-style-type: none"> <li>4. Student full-time ..... <input type="checkbox"/>4</li> <li>5. On State training scheme (FAS, Faoilte Ireland etc)..... <input type="checkbox"/>5</li> <li>6. Unemployed, actively looking for a job ..... <input type="checkbox"/>6</li> <li>7. Long-term sickness or disability..... <input type="checkbox"/>7</li> <li>8. Home duties / looking after home or family ..... <input type="checkbox"/>8</li> <li>9. Retired..... <input type="checkbox"/>9</li> <li>10. Other (please specify) _____ <input type="checkbox"/>10</li> </ul> |
|---|---|

**[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT TIME 1 BUT IS WORKING AT TIME 2 ASK D2]**

**D2. When did you start this job? \_\_\_\_\_ year**

**D3. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs. \_\_\_\_\_ hours**

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

\_\_\_\_\_ minutes [Int. if respondent works at home enter ‘0’ for minutes]

**Go  
to  
D10**

**D5. [Card D5] 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**

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

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

**D7. How many?** \_\_\_\_\_

**D8. How many employees (if any) do you have?** \_\_\_\_\_ employees N A .... <sub>99</sub>

**D9. [Ask only if Farmer at E1.] How many acres do you farm?** \_\_\_\_\_ acres

**Go to D21**

**D10. Apart from holiday or casual work, have you ever had a job?** Yes ..... <sub>1</sub> No .. <sub>2</sub> **Go to D17**

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

**D12. When you last worked in that full-time job were you?**

Employee (incl. apprenticeship or Community Employment) ..... <sub>1</sub> Self-employed outside farming ..... <sub>2</sub> Farmer ..... <sub>3</sub>

**D13. [Card D13] What (was) your occupation in your main job?**

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

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

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

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

**Write in your main OCCUPATION**

**D14a. Did you supervise or manage any personnel in your job?**

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

**D14b. How many?** \_\_\_\_\_

**D15. How many employees (if any) did you have?** \_\_\_\_\_ employees N A .... <sub>99</sub>

**D16. [Ask only if Farmer at D12] How many acres did you farm?** \_\_\_\_\_ acres

**[ASK OF CODES 4 – 10]**

**D17. Do you currently have a paid job outside the home?** Yes ..... <sub>1</sub> No ..... <sub>2</sub> **Go to D20**

**D18. On average, how many hours per week do you work in that paid job?** \_\_\_\_\_ hours

**D19. [Card D19] What is your occupation in that job?**

In all cases descr be 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

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 Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

**Write in your main OCCUPATION**

---

**If a farmer or a farm worker, write in the SIZE of the farm \_\_\_\_\_ acres**

**Go to D21**

**D20. [Card D20] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.**

- A. I can't find a job ..... \_\_\_\_\_
- B. I chose not to work ..... \_\_\_\_\_
- C. I am caring for an elderly or ill relative or friend.. \_\_\_\_\_
- D. I prefer be at home to look after my children myself
- E. I cannot earn enough to pay for childcare..... \_\_\_\_\_
- F. I cannot find suitable childcare ..... \_\_\_\_\_
- G. There are no suitable jobs available for me.... \_\_\_\_\_
- H. My family would lose Social Welfare or medical benefits if I was earning..... \_\_\_\_\_
- I. Other reason (specify)..... \_\_\_\_\_

**D21. [Card D21] What is the occupation of your spouse / partner? [If not currently employed, please record last occupation]**

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

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

Do not use general terms such as:  
 MANAGER  
 TEACHER  
 ENGINEER

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

**Write in your main OCCUPATION**

---

**If a farmer or a farm worker, how many acres do you farm? \_\_\_\_\_ acres**

**D22. [Show Card D22] Please tell me how strongly you agree or disagree with the following statements.**

Strongly Disagree    Disagree    Neither Agree nor disagree    Agree    Strongly Agree    NA

**Because of your work responsibilities:**

- A. You have missed out on home or family activities that you would have liked to have taken part in..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- B. Your family time is less enjoyable and more pressured..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

**Because of your family responsibilities:**

- C. You have to turn down work activities or opportunities you would prefer to take on ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- D. The time you spend working is less enjoyable and more pressured..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6



## SECTION E: PARENT'S BACKGROUND CHARACTERISTICS

### Now some more questions about yourself

#### E1. [Forward feed of parental education from 13-year-cohort]

When we interviewed you when <young person> was 13 years of age we recorded that the highest level of education (full-time or part-time) which you had completed was <PCG at 13 year level of education>.

#### E2. Is this still the highest level of education you have completed to date?

Yes..... <sub>1</sub>    No, wrongly recorded at 13 years..... <sub>2</sub>    No, changed since 13 years..... <sub>2</sub>

#### E3. [Show card E3] 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 ..... <sub>1</sub>

2. Primary education ..... <sub>2</sub>

#### Second Level

3. Lower Secondary ..... <sub>3</sub>

(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).

4. Upper Secondary ..... <sub>4</sub>

(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent)

5. Technical or Vocational qualification..... <sub>5</sub>

(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 ..... <sub>6</sub>

#### Third Level

7. Non Degree ..... <sub>7</sub>

(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)

8. Primary Degree ..... <sub>8</sub>

(Third Level Bachelor Degree)

9. Professional qualification (of Degree status at least)..... <sub>9</sub>

10. Both a Degree and a Professional qualification ..... <sub>10</sub>

11. Postgraduate Certificate or Diploma..... <sub>11</sub>

12. Postgraduate Degree (Masters) ..... <sub>12</sub>

13. Doctorate (Ph.D.)..... <sub>13</sub>

[Int. Ask E4 only if E3 is code 3 or higher]

#### E4. In what year did you get this qualification? \_\_\_\_\_

[Int. Ask E5 only if E3 is code 5 or higher]

#### E5. What is the name of this qualification? [Int. Record as much detail as possible]

[Int. Ask E6 only if E3 is code 5]

#### E6. Did you complete your Upper Secondary education (Leaving Certificate /'A' Levels or equivalent) before doing this qualification?

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

#### E7. 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]

#### E8. What language do you speak most often at home?

English ..... <sub>1</sub>    Irish..... <sub>2</sub>    Other ..... <sub>3</sub>

#### E9. Do you belong to any religion?

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

#### E10. [Card E10] Which religion?

1. Christian – no denomination ..... <sub>1</sub>

5. Jewish ..... <sub>5</sub>

2. Roman Catholic ..... <sub>2</sub>

6. Muslim ..... <sub>6</sub>

3. Anglican/Church of Ireland/Episcopalian..... <sub>3</sub>

7. Other (please specify)..... <sub>7</sub>

4. Other Protestant ..... <sub>4</sub>

E11. In general, would you describe yourself as a spiritual person (even if you do not belong to any religion)?

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

E12. [Forward feed] Are you a citizen of Ireland? Yes.. 1    No ..... 2

E13. What citizenship do you hold? \_\_\_\_\_

E14. [Forward feed] Were you born in Ireland? Yes..... 1    No ..... 2

E15. In which country were you born? \_\_\_\_\_

E16. How long ago did you first come to live in Ireland?

Within the last	1-5 years	6-10 years	11-20 years	More than 20	Don't
year	ago	ago	ago	years ago	Know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88

E17. [Card E17] Looking at card E17, can you tell me, what is your ethnic or cultural background?

Please choose ONE section from 1 to 4 then tick the appropriate box.

- 1. White
  - Irish..... 1
  - Irish Traveller ..... 2
  - Any other White background..... 3
- 2. Black or Black Irish
  - African ..... 4
  - Any other Black background ..... 5
- 3. Asian or Asian Irish
  - Chinese ..... 6
  - Any other Asian background..... 7
- 4. Other, including mixed background ..... 8

## SECTION F: INTERGENERATIONAL CHARACTERISTICS

F1. I would like you to think back to when you were 16 years of age. When you were 16 years of age was:

- |                             |                            |                            |
|-----------------------------|----------------------------|----------------------------|
|                             | Yes                        | No                         |
| a) your mother alive? ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b) your father alive? ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

F2. Again, thinking back to when you were 16 years of age, did you live: (tick one only)

- a) with both parents?..... 1
- b) with single mother (one-parent family)? ..... 2
- c) with single father (one-parent family)?... 3
- d) with mother and mother's new partner/husband?.. 4
- e) with father and father's new partner/wife? ..... 5
- f) in a foster home? ..... 6
- g) in a collective household or institution? . 7
- h) Other (specify) \_\_\_\_\_ .. 8

F3. When you were 16 years of age, how many brothers and sisters lived in the same household as you did?

\_\_\_\_\_ brothers and sisters

**F4. [If still alive when person was 16] Is your father still alive?**

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

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

**F4a. [Or if dead at F4] What age was he when he died?** \_\_\_\_\_

**F4b. What did he die of?** \_\_\_\_\_

**F5. What year was your father born in?** \_\_\_\_\_

Don't know..... <sub>1</sub> [and if still alive]  
Approximately what age is he in years? \_\_\_\_\_

**F6. [If mother alive when person was 16] Is your mother still alive?**

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

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

**F6a. [Or if dead at F6] What age was she when she died?** \_\_\_\_\_

**F6b. What did she die of?** \_\_\_\_\_

**F7. What year was your mother born in?** \_\_\_\_\_

Don't know..... <sub>1</sub> [and if still alive]  
Approximately what age is she in years? \_\_\_\_\_

**F8. [Show card F8] Thinking back to when you were 16 years of age, what was the highest level of education completed by (a) your mother and (b) your father?**

- |  | (a) Mother                             | (b) Father?                            |
|--|--|--|
| 1. No formal education .....   | <input type="checkbox"/> <sub>1</sub>  | <input type="checkbox"/> <sub>1</sub>  |
| 2. Primary education .....   | <input type="checkbox"/> <sub>2</sub>  | <input type="checkbox"/> <sub>2</sub>  |
| <b>Second Level</b>  |  |  |
| 3. Lower Secondary .....   | <input type="checkbox"/> <sub>3</sub>  | <input type="checkbox"/> <sub>3</sub>  |
| <small>(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).</small>          |  |  |
| 4. Upper Secondary .....   | <input type="checkbox"/> <sub>4</sub>  | <input type="checkbox"/> <sub>4</sub>  |
| <small>(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent)</small>                           |  |  |
| 5. Technical or Vocational qualification.....  | <input type="checkbox"/> <sub>5</sub>  | <input type="checkbox"/> <sub>5</sub>  |
| <small>(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).</small> |  |  |
| 6. Both Upper Secondary and Technical or Vocational qualification .....  | <input type="checkbox"/> <sub>6</sub>  | <input type="checkbox"/> <sub>6</sub>  |
| <b>Third Level</b>   |  |  |
| 7. Non Degree .....  | <input type="checkbox"/> <sub>7</sub>  | <input type="checkbox"/> <sub>7</sub>  |
| <small>(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)</small>  |  |  |
| 8. Primary Degree .....  | <input type="checkbox"/> <sub>8</sub>  | <input type="checkbox"/> <sub>8</sub>  |
| <small>(Third Level Bachelor Degree)</small>   |  |  |
| 9. Professional qualification (of Degree status at least) .....  | <input type="checkbox"/> <sub>9</sub>  | <input type="checkbox"/> <sub>9</sub>  |
| 10. Both a Degree and a Professional qualification .....   | <input type="checkbox"/> <sub>10</sub> | <input type="checkbox"/> <sub>10</sub> |
| 11. Postgraduate Certificate or Diploma.....   | <input type="checkbox"/> <sub>11</sub> | <input type="checkbox"/> <sub>11</sub> |
| 12. Postgraduate Degree (Masters) .....  | <input type="checkbox"/> <sub>12</sub> | <input type="checkbox"/> <sub>12</sub> |
| 13. Doctorate (Ph.D).....  | <input type="checkbox"/> <sub>13</sub> | <input type="checkbox"/> <sub>13</sub> |

**F9. When you were 16 years of age, which of the following best describes (a) your mother's and (b) your father's main status with regard to work?**

- |                                      | (a) Your Mother                       | (b) Your Father                       |
|--------------------------------------|---------------------------------------|---------------------------------------|
| 1. Employee .....                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>1</sub> |
| 2. Self-employed (incl farmer) ..... | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>2</sub> |
| 3. Unpaid family worker .....        | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>3</sub> |
| 4. Unemployed.....                   | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>4</sub> |
| 5. Retired .....                     | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>5</sub> |
| 6. Fulltime housework.....           | <input type="checkbox"/> <sub>6</sub> | <input type="checkbox"/> <sub>6</sub> |
| 7. Other (specify) _____ .....       | <input type="checkbox"/> <sub>7</sub> | <input type="checkbox"/> <sub>7</sub> |

**F10. When you were 16, what was the main occupation of (a) your mother and (b) your father?**

F10a) mother's occupation \_\_\_\_\_

F10b) father's occupation \_\_\_\_\_

**F11. A household may have different sources of income and more than one household member may contribute to it. Thinking back to when you were 16 years of age, concerning your household's total monthly or weekly income, with which degree of ease or difficulty was the household able to make ends meet?**

With great difficulty  
1

With difficulty  
2

With some difficulty  
3

Fairly easily  
4

Easily  
5

Very easily  
6

**Appendix A14: Parent / Guardian Two  
Sensitive Questionnaire**



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

**PARENT/GUARDIAN TWO: SENSITIVE QUESTIONNAIRE, 17-Year-old Cohort**

AREA  HHOLD

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

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

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

**SECTION A: RELATIONSHIP TO YP**

S1. Are you male or female?

Male..... <sub>1</sub> Female ..... <sub>2</sub>

S2. 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 AS3 – AS5):**

S3. 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>

S4. When did <Person from Wave 1> stop living with you: Since what year? \_\_\_\_\_ [YYYY]

S5. When did <Person from Wave 1> stop living with you: Since what month? \_\_\_\_\_ mth

S6. Are you the biological parent of <young person>?

Yes..... <sub>1</sub> → Go to S19 No..... <sub>2</sub> → Go to S7

S7. Are you the adoptive parent of <young person>?

Yes..... <sub>1</sub> No..... <sub>2</sub> → Go to S12

S8. Was that a domestic or an inter-country adoption?

Domestic..... <sub>1</sub>

Inter-country ..... <sub>2</sub>

S9. Was this a within family adoption?

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

S10. From which country?

S11. What age was <young person> when you adopted him/ her? \_\_\_\_\_ years

**NOW PLEASE GO TO S19**

**FORWARD FEED**

**S12. Are you the foster parent of <young person>?**

Yes.....1

No.....2 → **Go to S19**

**S13. How long has <young person> been with your family? \_\_\_\_\_ years \_\_\_\_\_ months**

**S14. Do you anticipate that this will be a long-term foster placement? Yes .....1 No .....2**

**S15. How many previous foster placements has <young person> been in? \_\_\_\_\_ previous placements  
Don't Know...99**

**S16. Immediately before coming to live with you was <young person> living with another foster family, his/her family or in institutional care?**

Another foster family .....1

Own family.....2

Institutional care .....3

**S17. Are you related to <young person> Yes .....1 No .....2 → **Go to S19****

**S18. How are you related to <young person> \_\_\_\_\_**

**NOW PLEASE GO TO S19**

**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.

**S19. Can you tell me which of these best describes your current marital status?**

Married and living with husband / wife .....1 **Go to S20**

Married and separated from husband / wife .....2 **Go to S21**

Divorced .....3 **Go to S21**

Widowed .....4 **Go to S21**

Never married .....5 **Go to S23**

**S20. In what year did you marry your husband / wife? \_\_\_\_\_(year) Go to S24**

**S21. In what year did you marry your (former) spouse? \_\_\_\_\_(year) Go to S22**

**S22. Since when have you been living apart / spouse deceased? \_\_\_\_\_(year) Go to S23**

**S23. May I just check whether you are currently living with someone in the household as a couple?**

Yes.....1

No .....2 **Go to S29**

**S24. Since when have you and your spouse or partner been living together? \_\_\_\_\_ (mth) \_\_\_\_\_(year)**

**S25. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?**

Most days .....1 → **Go to S26**

At least once a week .....2 → **Go to S26**

Less than once a week .....3 → **Go to S26**

Hardly ever .....4 → **Go to S26**

Never .....5 → **Go to S27**

**S26. When you and your partner argue, how often do you ....**

Almost never/ Never      Not very often      Sometimes      Often      Almost always/ always

Shout or yell at each other .....1 .....2 .....3 .....4 .....5

Throw something at each other .....1 .....2 .....3 .....4 .....5

Push, hit or slap each other .....1 .....2 .....3 .....4 .....5

**S27. How often would you say the following happen in your relationship?**

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

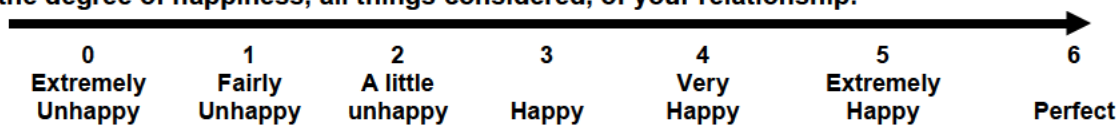
You discuss or have considered divorce, separation, or terminating your relationship.....1 .....2 .....3 .....4 .....5 .....6

You think that things between you and your partner are going well .....1 .....2 .....3 .....4 .....5 .....6

You confide in your mate / partner.....1 .....2 .....3 .....4 .....5 .....6



S28. 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.



**SECTION C: PARENTAL EFFICACY AND PREGNANCY STATUS**

S29. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and the young person right now. Remember, there no right or wrong answers, just try to be as honest as possible

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

S30. **[ONLY OF FEMALE RESPONDENTS]** Are you currently pregnant? Yes..... 1 No ..... 2

**SECTION D: FAST – PARENTAL ALCOHOL SCREEN**

S31. Which of the following best describes how often you usually drink alcohol?

1. Never.....	<input type="checkbox"/> 1	<b>Go to S38</b>
2. Less than once a month.....	<input type="checkbox"/> 2	
3. 1-2 times a month.....	<input type="checkbox"/> 3	
4. 1-2 times a week.....	<input type="checkbox"/> 4	
5. 3-4 times a week.....	<input type="checkbox"/> 5	
6. 5-6 times a week.....	<input type="checkbox"/> 6	
7. Every day.....	<input type="checkbox"/> 7	

*If currently drink alcohol between everyday and 1-2 times a week ask:*  
**S32. 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 = 1/2 pint of beer or 1 glass of wine or 1 single spirits

S33. **[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

S34. **[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

S35. 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

S36. 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

S37. 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 E: PARENTAL SMOKING AND DRUGS

S38. Do you currently smoke daily, occasionally or not at all?

Daily ..... <sub>1</sub>      Occasionally ..... <sub>2</sub>      Not at all ..... <sub>3</sub>

S39. About how many cigarettes or cigars do you smoke on average each day?

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

S40. Including yourself, how many members of the household smoke? \_\_\_\_ N

S41. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Regularly ..... <sub>1</sub>      Occasionally ..... <sub>2</sub>      Not at all ..... <sub>3</sub>

## SECTION F: PARENTAL DEPRESSION CES-D

S42. Since the time of the last interview when <young person> was 13 years of age, have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?

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

S43. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?

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

S44. 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 G: PARENTAL AND RELATIVE'S TROUBLE WITH THE GARDAÍ (POLICE)

S45a. Have you 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> → Go to S46

S45b. Have you ever been to prison?      Yes ..... <sub>1</sub>      No ..... <sub>2</sub>

S46. Can you tell me if <young person> has ....

	Yes, in past year	Yes, more than a year ago	No	Don't know	Refused
A. Ever been in trouble with the Gardaí for traffic offences?	<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>9</sub>
B. Ever been in trouble with the Gardaí for other offences?	<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>9</sub>
C. Ever been arrested by the Gardaí?	<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>9</sub>
D. Ever had a formal warning from the Gardaí?	<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>9</sub>
E. Ever been in court for something that <he/she> did?	<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>9</sub>

**S47a. Have any of <young person>'s brothers or sisters ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) other than for traffic offences?**

Yes.....\_1 No.....\_2 No brothers/sisters .....\_3

**S47b. Have any of them ever been to prison?** Yes .....\_1 No.....\_2

**S47c. Have any of <young person>'s aunts or uncles ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) other than for traffic offences?**

Yes.....\_1 No.....\_2 No uncles/aunts.....\_3

**S47d. Have any of them ever been to prison?** Yes .....\_1 No.....\_2

**SECTION H: PARENTAL KNOWLEDGE OF YP'S DRINKING, SMOKING, DRUG-TAKING AND DISCUSSION OF SEXUAL HEALTH**

**S48. To the best of your knowledge, has <young person> ever tried:**

	Definitely	Probably	Possibly	I don't think so
a. Alcohol? .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
b. Cigarettes?.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
c. Cannabis/Marijuana? .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

**S49. Have you spoken to <young person> personally about the following sexual health issues?**

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

**SECTION I: RESIDENT PARENT'S DETAILS ON NON-RESIDENT PARENT**

**S50. Can we check, does <young person's> biological father/ mother live here with you or elsewhere?**

Lives here.....\_1 → **Go to END**  
 Deceased.....\_2 → **Go to END**  
 Temporarily lives elsewhere.....\_3 → **Go to END**  
 Lives elsewhere.....\_4 → **Go to S51**

**S51. Were you ever married to or did you ever live with <young person's> biological father / mother?**

Yes, married to...\_1 Yes, lived with...\_2 No \_3 **Go to S53** Adoptive / Foster parent \_4 **Go to END**

**S52. What age was <young person> when you split or separated from their biological father / mother?**

\_\_\_\_\_

**S53. Do you have a formal or informal parenting arrangement regarding <young person> and where he / she lives?**

Formal.....\_1 Informal.....\_2 No parenting arrangement ...\_3 No contact \_4

**S54. Briefly describe that arrangement**

\_\_\_\_\_  
 \_\_\_\_\_

**S55. How did you arrive at that arrangement?**

Court imposed arrangements .....\_1  
 Formal negotiated arrangements other than legal (e.g. counsellor).....\_2  
 Mutual agreement with no third party negotiator .....\_3

**S56. How far does <young person's> biological father / mother live from here?**

Within ½ hour's drive from here ..... <sub>1</sub>      More than 1 hour's drive from here..... <sub>3</sub>  
 Between ½ and 1 hour's drive from here.. <sub>2</sub>      Outside the country..... <sub>4</sub>  
 I don't know where he/she lives ..... <sub>5</sub>

**S57. How often does <young person> have:**

	Daily	More than once a week	Once a week	Every second week / weekend	Monthly	Less than once a month	No contact
a. Face-to-face contact with his/her biological mother/father.....	<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. Contact on skype, email, text or phone with his/her biological mother/father.....	<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>

**S58. Does <young person> ever stay overnight with his/her biological mother/father?**

	More than once a week	Once a week	Every second week / weekend	Monthly	Less than once a month	No contact
	<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>

**S59. Does <young person's> biological father / mother make ANY financial contribution to your household and the maintenance of <young person>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.**

No, he/she never makes any payment ..... <sub>1</sub>  
 Yes, he/she makes payments from time to time..... <sub>2</sub>  
 Yes, he/she makes a regular payment ..... <sub>3</sub>

**S60. How often do you talk to <young person's> biological father/ mother about <young person>?**

Every day	Several times a week	About once a week	A few times a month	Several times a year	Never
<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>

**S61. How well do you get on with <young person's> biological father/ mother? Would you say your relationship is?**

Very positive	Positive	Neither positive nor negative	Somewhat negative	Very negative	No contact/no 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>

**S62. We would like to send a short questionnaire to <young person's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <young person's> biological father/ mother?**

Yes ..... <sub>1</sub>  
 No, I do not wish other parent to be contacted ..... <sub>2</sub>  
 No, I do not have contact details for other parent ..... <sub>3</sub>

**Please give contact details to interviewer**

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

## **Appendix A15: Time-use / Food frequency diary**





