



**Appendices to
Growing Up in Ireland
Technical Series Report Number 2019-2**

**Design, Instrumentation and Procedures for
Cohort '08 at 5 Years
(Infant Cohort at Wave 3 (5 Years))**

**Contact Documents, Information Sheets, Consents Forms
and Questionnaires**

**Appendix A: Contact Documents, Consent Forms
and Information Sheets**

Appendix B: Questionnaires

April 2019



Appendix A

Contact Documents, Consent Forms and Information Sheets

A1	Introductory Letter to Parents / Guardians-----	5
A2	Information Sheet for Parents / Guardians-----	9
A3	Consent Form for Parents / Guardians-----	15
A4	Introductory Letter to Non-resident Parent -----	21
A5	Information Sheet for Non-resident Parent -----	25
A6	Introductory Letter to School Principal -----	29
A7	Work Assignment Sheet-----	33

Appendix B

Questionnaires

B1	Primary Caregiver Main Questionnaire -----	39
B2	Primary Caregiver Sensitive Questionnaire-----	79
B3	Secondary Caregiver Main Questionnaire -----	89
B4	Secondary Caregiver Sensitive Questionnaire -----	101
B5	Primary Caregiver Twin Questionnaire -----	111
B6	Secondary Caregiver Twin Questionnaire-----	137
B7	Non-resident Parent Questionnaire -----	143
B8	School Principal Questionnaire -----	149
B9	Teacher-on-Self Questionnaire-----	159
B10	Teacher-on-Child Questionnaire-----	167

A1 Introductory Letter to Parents / Guardians

Date:
Our ref :

Dear,

We are writing to you about the third round of interviews for the ***Growing Up in Ireland*** study. As you may remember your family was previously interviewed as part of this project. ***Growing Up in Ireland*** is the biggest and most important study of children ever to take place in this country.

We would like to make a return visit to your home for a follow-up interview now that your child is five years old, to see how he or she has changed and grown since our first visit. These interviews are now about to take place and we would like to invite you to participate.

Growing Up in Ireland will help us to understand the main issues facing families in Ireland today. It will also help in providing advice to the government on key decisions about future policies and services which will benefit all children and their families in Ireland for many years to come.

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

As with your earlier participation, taking part in *Growing Up in Ireland* is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law. The information provided can be used only for statistical purposes, for no other reasons.

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

If you have any queries about the study or your involvement in it, please do not hesitate to contact Ms Claire Kirwan on 01-863 2053 or any of the ***Growing Up in Ireland*** team at 01-863 2000.

Thanking you in anticipation,

Yours sincerely,

[name]
Principal Investigator, *Growing Up in Ireland* study).

A2 Information Sheet for Parents / Guardians

INFORMATION FOR PARENTS / GUARDIANS

A few years have now passed since you and your family kindly agreed to be interviewed as part of the *Growing Up in Ireland* project. This is a unique study which follows the progress of the same group of children over time to help improve our understanding of all aspects of their development.

Your child was one of over 11,000 children and their families who took part in the first phase of the study, when they were nine months of age. We would like to re-interview you when your child is five years old, to find out how he/she has grown and changed over recent years.

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

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

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

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

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

What has been happening since our last visit?

A total of 11,000 families of 9-month-old infants were interviewed in the first phase of the study and almost 10,000 in the second phase when the children were three years old. We have been busy analysing all that information since then. The first report on the 3-year-old children will be published very shortly.

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

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

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

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

GROWING UP IN IRELAND

Who is running the study?

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

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 does taking part in the follow-up interview involve?

Taking part in the follow-up interview is very simple and is similar to the last interview with your family.

Step One: An interviewer will contact you to make arrangements to interview you and your spouse/partner (where relevant).

Step Two: When the interviewer calls to your home, you and your partner (if relevant) will each be asked to fill out a separate questionnaire with the interviewer. The visit to your home will last about 2 – 2½ hours.

Step Three: With your consent we would like to administer two short assessment tests to your child. The first assessment test is a short task which involves showing your child some pictures and asking him/her to name the items in those pictures. The second involves the child matching shapes. Both of these tests are used very widely in research with children. Most children like doing them but there is no problem in stopping them at any point if your child doesn't like them. They will take about 20 minutes. The results of these tests will be kept strictly confidential and are only for the purposes of the study.

Step Four: If there is another parent living outside the home we would, with your permission, like to send him/her a short questionnaire in the post.

Step Five: As part of the study we would like to interview the Principal in your child's school from September 2013. We would also like you to give us permission to send a questionnaire to your child's teacher. You will not be able to see what the teacher says about your child, though you will be able to see a copy of the blank questionnaire in advance if you want to.

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

Confidentiality

As previously, all the information given to the *Growing Up in Ireland* interviewer is treated in the strictest confidence. It will be used exclusively for research or statistical purposes. The information given by your partner (if relevant) and child's teacher will not be seen by anyone else in your family – not even you will have access to it. Similarly, other participants such as your partner will not see the information you give to us.

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

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

The details you provide in *Growing Up in Ireland* will have your names, addresses and other identifying information removed. The information will then be stored on a computer so that it will be available to researchers for statistical analysis only. The information can be used only for statistical analysis and research purposes. It would be an offence to use it for any other reason.

What kind of questions will my family be asked?

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

- your child's health and temperament
- his/her daily routines
- your own health
- your family life and experiences as a parent

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

Following up in a few years' time:

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

Who are the Interviewers?

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

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

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

If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the *Growing Up in Ireland* team at 01- 863 2000.

What are my rights if I take part?

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

What do I do next?

An interviewer will call to your home to discuss the study with you, and you can tell him or her whether or not you would like to take part.

Your participation counts.

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

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

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

GROWING UP IN IRELAND

Where can I find out more information?

Phone: Freephone 1800 200 434
or contact Claire Kirwan, on 01 863 2053
or call 01 863 2000 and ask for the *Growing Up in Ireland* team

Visit our website: www.growingup.ie

Email: Email us at growingup@esri.ie

Post:

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



TRAINING

A3 Consent Form for Parents / Guardians

PARENT /GUARDIAN CONSENT FORM

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

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to my child, and myself, being included in research being conducted for the *Growing Up in Ireland* study.
- I understand that the main aim of the project is to build a bank of information about the lives of children in Ireland today and into the future.
- I understand that a range of information will be collected, including information from my child's other parent and my spouse or partner (where different), and his or her teacher (if relevant).
- I understand that all the details collected in *Growing Up in Ireland* will have our names, addresses and other identifying information removed. They 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 by my child; spouse/partner (if relevant); my child's other parent (where different); or teacher (if relevant).
- I understand that the results of the child's short assessment tests are strictly confidential and I and my family will not have access to them. They will be used only for the purposes of the study.
- I understand that, because this study looks at children's development over time, I may be asked to participate in a follow-up study in a few years time.
- I understand that I may withdraw my participation, and that of my child, at any time.

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

Address of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____ Contact telephone: _____

If relevant:

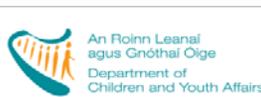
Name of Parent/Guardian not resident in your household: _____
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian not resident in your household: _____
(BLOCK CAPITALS PLEASE)

Signature of Parent/Guardian not resident in your household: _____

Date: _____ Contact telephone: _____

GROUP: HHOLD: Int No: Int Name _____



ACCESS TO INFORMATION ON CHILDCARE PROVIDERS/PRE-SCHOOL HELD BY THE DEPARTMENT OF CHILDREN AND YOUTH AFFAIRS AND POBAL

Int: Has Study Child ever participated in the free preschool year? Yes ₁ No ₂

The Department of Children & Youth Affairs and Pobal record information on childcare providers and pre-schools. Among other details, this includes the number of staff and children in the childcare centre or pre-school, along with the qualifications of the staff. *Growing Up in Ireland* would like to be able to access this information and link it to the details recorded in the survey. It would, for example, allow the study to examine how staff-pupil ratios affect the child’s educational development. Using your child’s Personal Public Service Number (PPSN) would help us to access this information.

If you agree to allow us to access this information, please sign below and provide the name and address of the childcare centre or the pre-school in which your child availed of the free pre-school year, along with the child’s PPSN. If you would prefer not to allow us to access this information that is perfectly fine and you can participate in the other parts of the survey without giving this consent.

Statement of consent: I hereby give permission to the *Growing Up in Ireland* project to access information held by the Department of Children & Youth Affairs and also Pobal on childcare providers and pre-schools. The sort of information in question would include that collected by the Health Service Executive inspectorate in its site visit and assessment. I understand that, as with all other details collected in the course of this study, the information on the childcare providers will be treated in the strictest confidence and will not be released in any way that would allow me or my family to be identified.

Child’s PPS Number: _____

Name of free pre-school year provider: _____

Address of free pre-school year provider: _____

Signed (by Parent/Guardian): _____

of _____ (Study Child’s name)

Office use only:

Interviewer: Consent not given

Date: _____



FOLLOW UP / TRACING INFORMATION

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

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

[Int: Record details on two contacts below].

Contact 1

Name: _____

Address : _____

Phone: (____) _____

Relationship to respondent: _____

Contact 2

Name: _____

Address : _____

Phone: (____) _____

Relationship to respondent: _____

Nested Study

Finally, as part of the *Growing up in Ireland* project there may be related studies from time to time on various topics. There are no plans for any such studies at this time. If one of these so-called 'nested studies' arose we would write to relevant households and ask whether or not we could approach them for interview. Would it be OK if we were to include your family among those to be considered for inclusion in one of these nested studies, should they arise?

OK to include family in nested study ₁

Do not include family in nested study ₂

Signed (by Parent/Guardian) : _____

Office use only:

Interviewer: Tracing information not given

Consent for nested study not given

Date: _____

A4 Introductory Letter to Non-resident Parent



ESRI, Whitaker Square,
Sir John Rogerson's Quay, Dublin 2
Tel: +353 1 863 2000 Fax: +353 1 863 2100
Email: growingup@esri.ie

«non_res_title» «non_res_fname» «non_res_sname»
«non_res_parent_add1»
«non_res_parent_add2»
«non_res_parent_add3»
«non_res_parent_add4»

dd mmm yyyy
Ref: «GROUP»/«HSD»

Dear «non_res_title» «non_res_sname»,

You may have seen from recent media coverage that a major study of children is underway in Ireland. The study, *Growing Up in Ireland*, has been commissioned by the Government and is being carried out by a research team based in the ESRI (Economic and Social Research Institute) and the Children's Research Centre, Trinity College Dublin.

We are contacting you because your child, «Childs_Fn», is taking part in this important study. «Childs_Fn»'s other parent or guardian has provided us with your contact details so that we can invite you to take part as well. We think that it is important that input from both parents/guardians be included in this picture of the child's world so that it may be as complete as possible.

To take part in the Study, all you need to do is complete the enclosed questionnaire and return it to us in the postage paid envelope provided. Participation in the Study is completely voluntary but we hope you can take the time to fill out the questionnaire and return it to us. Enclosed in this pack is an information leaflet that has some more details about *Growing Up in Ireland*. If you have further queries, please do not hesitate to contact us, by phone or at the above address or visit us online at www.growingup.ie.

Any information you provide to *Growing Up in Ireland* will be treated in the strictest confidence. No other participants, such as «Childs_Fn»'s other parent, will be able to access the details you provide.

Thanking you in anticipation

[NAME]
Research Fellow, Growing Up in Ireland



The Economic and Social
Research Institute
Whitaker Square
Sir John Rogerson's Quay
Dublin 2



University of Dublin
Trinity College
College Green
Dublin 2



A5 Information Sheet for Non-resident Parent

INFORMATION LEAFLET FOR PARENT LIVING ELSEWHERE

What is the *Growing Up in Ireland* study?

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

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

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

What will it tell us?

The study will help us to find out all about children's social, emotional and physical development.

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

How did you get my name and contact details?

Growing Up in Ireland includes 10,000 5-year-old children and their families.

Your name and contact details were provided by the other parent/guardian of your child who has agreed to participate in the study.

As part of the study he/she was asked for your contact information.

Why should I take part?

We would like to ask you for your help in completing a picture of your child's daily life.

This information will help us to give the government advice on how to help make childhood a better experience for all children and to make improvements for children as they grow up.

Who is running the study?

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

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

What do I do next?

We would ask you to complete the enclosed questionnaire and return it in the freepost envelope provided.

The questionnaire asks you about your relationship with your child and some questions on yourself. It is very straightforward and involves ticking boxes.

Will this information be kept confidential?

All the information that you provide is treated in the strictest confidence and will not be seen by the child's other parent/guardian. It will be used exclusively for research purposes.

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

What are my rights if I take part?

All the details you provide in **Growing Up in Ireland** will have the names, addresses and other identifying information removed. The survey details (without any identifying information) will then be stored on a computer so that they will be available to researchers, for statistical analysis only. The information can only be used for statistical analysis and research purposes. It would be an offence to use it for any other reason.

- If you decide to take part you may choose to withdraw from the study at any time.
- If there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

Your participation counts.

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

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

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

Where can I find out more information?

Phone:

Freephone 1800 200 434
or contact the **Growing Up in Ireland** team at 01 8632000

Web:

www.growingup.ie

Email:

Email us at growingup@esri.ie

Post:

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



A6 Introductory Letter to School Principal



Growing Up in Ireland – study of five-year-olds

DD/MM/YYYY

Dear Principal,

I am writing to you about a most important government-sponsored study involving five year old children. It is known as the **Growing Up in Ireland** study. It investigates the well-being of children in Ireland and identifies the factors which help or hinder all aspects of their development, including their education.

At the end of October, we will be writing to you to ask for your assistance in providing some information about how a small number of five-year-olds in your school are doing. At that time we will be asking you to fill out a questionnaire about the school and we will be asking the teachers of approximately 3-4 Study Children in the Infant Classes to fill out a questionnaire about themselves and also about the Study Children whom they teach. The children in question and their parents have already been interviewed in their homes and the parents have signed a consent form allowing us to approach their teachers to fill out the questionnaire about their child.

At this stage we don't want you to do anything, other than to display the enclosed poster in the staff room to let the teachers know we will be carrying out the survey in your school from the beginning of November, just after the midterm break.

Growing Up in Ireland has the support of both the Irish Primary Principals' Network (IPPN) and the Irish National Teachers' Organisation (INTO). I hope you will be able to help us in this most important study on children and would like to thank you and your staff, in advance, for your time and assistance.

Yours sincerely

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

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 Skills is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin is carrying out the study.

A7 Work Assignment Sheet



INTERVIEWER

Final Outcomes

Hhold

Child's Name:

Child's Date of Birth:

- 1... Completed
- 2... Can't locate address
- 3... Vacant/demolished identifier
- 4... No contact despite repeated call backs
- 5... Refused to Interviewer - PHONE
- 6... Refused to Interviewer - FACE to FACE
- 7... Refused to office
- 8... Language problems
- 9... Unavailable within specified dates
- 10... Return to office (known to interviewer)
- 11... Return to office - moved area within Rep. of Ireland
- 12... Moved -no forwarding address
- 13... Interview broken off -will not complete
- 14... Moved outside Republic of Ireland
- 15... No contact following broken appt.
- 16... Other - please specify

Final Outcome (from list)

[Empty box for final outcome]

SECTION A Primary Care Giver previous Wave
Secondary Care Giver previous Wave

Address on file #Type!

Contact phone numbers Landline Mobile PCG Mobile SCG

SECTION B

Primary Care Giver Wave 3. As above . If not, record Full Name of PCG.....
Secondary Care Giver Wave 3. As above . If not, record Full name of SCG.....

Has household moved from the address above? Yes No If Yes, record new address here and take GPS readings.

.....
.....

SECTION C GPS required ?

GPS A [] GPS B []

SECTION D

Has Study child started Primary School ? Yes No

If no, what year will Study Child start school ? 20..... ?

Name of school Study Child attends/will attend ?

Not yet known (tick box) OR Complete below

Name of school.....

Address of school :
.....

Principal's Name :

Consent for Teacher on Child q'aire ? Yes No

[INT: N.B. Above MUST be completed]

SECTION E

Is there a NON RESIDENT PARENT? Yes No

If so, please obtain FULL contact details;

Name, address and phone number of non-resident parent:

Name

Address

Phone

Permission to contact Yes No

Please complete ALL sections A to E.

ALL Work Assignment sheets MUST be returned to ESRI

#Type!

Appendix B Questionnaires

B1 Primary Caregiver Main Questionnaire



The Economic and Social Research Institute
Whitaker Square
Sir John Rogerson's Quay
Dublin 2
Ph: 01-863 2000 Fax 01-863 2100



University of Dublin
Trinity College
College Green
Dublin 2



GROWING UP IN IRELAND STRICTLY CONFIDENTIAL

5-YEAR QUESTIONNAIRE – Draft of 20/02/13

PRIMARY CAREGIVER QUESTIONNAIRE

GROUP HHOLD RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

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

The Department of 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 Skills is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.

Section A – Household Composition

A1a. [INTERVIEWER: Is <primary caregiver at time 2> still resident in the household?

Yes ₁ No..... ₂ →

A1b. Do you have a spouse/partner who lives here with you in the household?

Yes ₁ No..... ₂

A1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at time 2] 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 2> and <child> will be checked and edited where necessary and their residency in the household at time 3 confirmed.*****

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

Interviewer: Mother or lone father should be on line 1.

Study Child should be on line 2. Father / Partner on line 3 (if relevant).

[BLAISE CONDITION: IF ANY PERSON RESIDENT AT TIME 2 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 3: ASK QUESTIONS AS1 – AS3 ON THE SENSITIVE QUESTIONNAIRE]

[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID AT TIME 2 - ADD THEM TO THE NEW GRID BELOW]

A3a. Has anyone else joined the household since we last spoke and is currently living with you?

Yes 1

No 2 Go to A4

A3b. How many people have joined the household since we last spoke?

No	First Name	Sex M F	Date of Birth	If DOB not available	Relationship of each member to mother and child		Since when have they been living with you		Resident Y/N	Show Card A2F						
					Mother (Card A2E1)	Child (Card A2E2)	Month	Year		Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
21		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
22		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
23		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
24		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
25		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

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

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

Yes ₁ No.....₂ → [INT: Check Household Grid]

[ASK ONLY IF <TIME 2 PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT TIME 3.

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

Yes ₁ Go to A9a No.....₂

A6a. Why is that? _____

IF PRIMARY CAREGIVER FROM TIME 2 HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:
A6b. You mentioned that <spouse/partner> [identified at A1b above] lives here with you as part of the household. This means that we should interview him/her as the primary caregiver of <child> on this occasion. Is that correct?

Yes ₁ No₂ [Int: please establish who is the Primary Caregiver of <child> at this time]

Go to A9a

IF PRIMARY CAREGIVER AT TIME 2 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 3 ASK A7a – A9.

A7a. Are you the legal parent / guardian of <child> who usually provides the most care to him/her?

Yes ₁ No₂ → [INT: Ask to speak to PCG]

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

- Biological mother/ father ₁ Grandparent ₅
- Adoptive mother/ father ₂ Aunt/uncle ₆
- Step-mother / Step-father / Partner of child's parent ₃ Other relative/ in law ₇
- Foster mother / father ₄ Unrelated guardian ₈

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

Yes ₁ No.....₂

A8a. How many people in total (including yourself and <child>) live here regularly as members of the household? _____ persons

No.	First name/Initial	Sex M F	Date of Birth	If DOB not availa ble	Was this Person Resident at time 2?		(E) Show Card A2F								
					Y	N	Relationship of each member to mother and child.	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other	
					<u>R'SHIP TO:</u> CARD A2E1 Mother	<u>R'SHIP TO:</u> CARD A2E2 Study Child									
51		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	_____		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	////		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
52		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	_____		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	////		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
53		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	_____		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
54		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	_____		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
55		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	_____		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

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

Born into the household.....1

Joined for another reason (specify) _____ 2

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

Go to A9a

A9a. Does <child> have any full, half or step brother(s) or sister(s) who live outside the household?

Yes1 No2

A9b. How many full/half/step brother(s)/sister(s) does <child> have who live outside the household? _____ n

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

- 1) their gender
- 2) their Date of Birth (DOB)
- 3) their relationship to <child>

1. Male 1 Female 2 Date of Birth ____ / ____ / ____ Relationship to <child> *SHOW CARD A9c*

2. Male 1 Female 2 Date of Birth ____ / ____ / ____ Relationship to <child> *SHOW CARD A9c*

3. Male 1 Female 2 Date of Birth ____ / ____ / ____ Relationship to <child> *SHOW CARD A9c*

Section B - Child's Sleep and Relationships

I'd now like to ask you a few questions about <child's> habits and routines.

B1a. On a normal day, what time in the evening does <child> usually go to bed? _____ (24 hour clock)

B1b. On a normal day, what time does <child> wake up at in the morning? _____ (24 hour clock)

B2. On a normal day how many hours would the <child> sleep during the day _____ hours _____ mins
[INT: IF NONE THEN ENTER '0' FOR BOTH HOURS AND MINUTES]

B3. How much is <child's> sleeping pattern or habits a problem for you? Would you say... [INT: READ OUT]

A large problem	A moderate problem	A small problem	No problem at all
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....

B4a. How often does <child> take comfort from a special blanket or toy during the daytime?

Most of the time1 Sometimes2 Never.....3

B4b. How often does <child> take comfort from a special blanket or toy during the nighttime?

Most of the time1 Sometimes2 Never.....3

B5a. How often does <child> suck a soother during the daytime?

Most of the time1 Sometimes2 Never.....3

B5b. How often does <child> suck a soother during the nighttime?

Most of the time1 Sometimes2 Never.....3

B6a. How often does <child> suck their thumb/finger(s) during the daytime?

Most of the time ₁ Sometimes ₂ Never ₃

B6b. How often does <child> suck their thumb/finger(s) during the nighttime?

Most of the time ₁ Sometimes ₂ Never ₃

B7. [CARD B7] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Does not really apply	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. My child and I always seem to be struggling with each other.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. If upset, my child will seek comfort from me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. My child values his/her relationship with me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. When I praise my child he/she beams with pride.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. My child spontaneously shares information about his/herself.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. My child easily becomes angry at me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. It is easy to be in tune with what my child is feeling.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. My child remains angry or is resistant after being disciplined.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. Dealing with my child drains my energy.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. When my child is in a bad mood I know we're in for a long and difficult day.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. My child's feelings toward me can be unpredictable or can change suddenly.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. My child openly shares his/her feelings and experiences with me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B8. [CARD B8] How often do you do the following when <child> misbehaves?

	Never	Rarely	Now and again	Regularly	Always	Can't say
a. Discuss/Explain why behaviour was wrong....	<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. Ignore him/her.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. Smack him/her.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d. Shout or yell at him/her.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e. Send him/her out of the room or to his/her bedroom or naughty step.....	<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. Take away treats.....	<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. Tell him/her off.....	<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. Bribe him/her.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Section C - Child's physical health and development

Now I'd like to ask you a few questions about <child's> health

C1. [CARD C1] In general, how would you describe <child's> current health?

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

C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?

Yes ₁

No ₂ → **Go to C5**

C3. [CARD C3] What longstanding illness, condition or disability does <child> have?
 [INT – code for up to 3 illnesses]

- a. Asthma ₁
- b. Cystic Fibrosis ₂
- c. Heart abnormalities ₃
- d. Eczema or any kind of skin allergy ₄
- e. Any kind of respiratory allergy (including hayfever) ₅
- f. Any kind of food or digestive allergy or food intolerance ₆
- g. Problem with non-food allergies, such as to dust, animals or medicine ₇
- h. Bone, joint or muscle problems ₈
- i. A problem using his/her arms or legs ₉
- j. A problem using his/her hands or fingers ₁₀
- k. Hyperactivity/Problems with attention ADD / ADHD ₁₁
- l. Severe behavioural problems ₁₂
- m. Diabetes ₁₃
- n. Kidney disease ₁₄
- o. Migrainous headaches ₁₅
- p. Epilepsy or seizures ₁₆
- q. Down syndrome ₁₆
- r. Spina bifida/hydrocephalis ₁₆
- s. Cerebral palsy ₁₆
- t. Autism Spectrum Disorder ₁₇
- u. Other (please specify) _____ ₁₈

[INT – CODE FOR UP TO 3 ILLNESSES]

C3_1. Has this illness, condition or disability been diagnosed by a medical professional?

Yes ₁ No ₂

C3_2. Since when has <child> had this illness, condition or disability? _____ year

C3_3. Since when has <child> had this illness, condition or disability? _____ month

C4. Do any of these illnesses hamper <child> in his/her daily activities?

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

C3f_4. To which food or foods. Please specify all types of food to which <child> has a food or digestive allergy or food intolerance

Food 1: _____ **Food 2:** _____ **Food 3:** _____

C5a. In the past 12 months has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes ₁ No ₂

C5b. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? _____ N

C6. In the past 12 months has your child been prescribed the following specifically for this wheezing with whistling on his/her chest?

	Yes	No
a) An inhaler	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Antibiotics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) A nebuliser	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

C7. Can you tell me whether <child> has received the following vaccinations:

(a) the '4-in-1' vaccination (diphtheria, tetanus, pertussis and polio)

Yes..... ₁ No..... ₂ Don't Know/Never heard of it..... ₃

(b) the 'MMR' vaccination (Measles/Mumps/Rubella) after he/she started school at 4-5 years

Yes..... ₁ No..... ₂ Don't Know/Never heard of it..... ₃

C8. [CARD C8] In the past 12 months, how many times have you seen or talked on the telephone with any of the following about <child's> physical or emotional health? [INT: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]

a. A general practitioner (GP)	_____ N
b. A paediatrician / consultant / hospital doctor	_____ N
c. A public health nurse	_____ N
d. A practice nurse (i.e. a nurse in a GP's surgery/clinic)...	_____ N
e. A psychiatrist/psychologist.....	_____ N
f. Accident and Emergency	_____ N
g. A social worker.....	_____ N
h. A speech therapist	_____ N
i. Other medical professional (please specify).....	_____ N

C9a. Has <child> received a course of antibiotics in the past 12 months?

Yes ₁ No..... ₂

C9b. In total, how many courses of antibiotics has <child> received in the past 12 months? _____ N

C10. Since the time of the last interview in MM/YY, approximately how many nights has <child> spent in hospital? _____ nights

[INT: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']

C11. Most children have accidents at some time. Has child ever had an accident or injury for which <pronoun> has been taken to the doctor, health centre or hospital?

Yes ₁ No ₂

C12. How many separate accidents has <child> ever had? _____ accidents

C13. [CARD C13] Thinking about the MOST RECENT (or only) accident or injury, what sort of accident or injury was it?

- Loss of consciousness / knocked out 1
- Bang on the head / injury to head without being knocked out 2
- Broken bone or fracture 3
- Near drowning 4
- Swallowed household cleaner / other poison / pills 5
- Swallowed object 6
- Cut needing stitches or glue..... 7
- Injury to mouth or tooth 8
- Burn or scald 9
- Other (please specify) _____ 10

C14. What age was <child> when this MOST RECENT (or only) accident or injury happened?

_____ Years _____ Months

C15a. Did <child> go to the hospital? Yes..... 1 No 2

C15b. Was this to Casualty / Accident and Emergency only or was he/she admitted to a hospital ward?

- Casualty / Accident and Emergency only 1
- Admitted to a Hospital Ward 2

C16. Where did this accident happen?

- In your home 1
- A friend's, neighbour's or relative's house 2
- In childcare – childminder's house or creche/preschool 3
- In school..... 4
- Outside in your local neighbourhood 5
- Outside, somewhere else – not in your local neighbourhood..... 6
- Other (please specify) _____ 7

C17. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction? [INTERVIEWER: Explain that 'correction' includes being prescribed glasses]

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

C18a. Does <child> currently have, or at any time in the past had, any sort of hearing problem requiring correction?

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

C18b. Has <child> ever had grommets inserted in his / her eardrums?

Yes 1 No..... 2

C18c. When? Month _____ Year _____

C19. [CARD C19] Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it because: [INT: READ OUT]

- | | Yes | No |
|--|----------------------------|----------------------------|
| a. You couldn't afford to pay..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. The necessary medical care wasn't available or accessible to you | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. You could not take time off work to visit the doctor with <child> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. You wanted to wait and see if the problem got better | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Child refused / fear of doctor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Child is still on the waiting list..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. Other (please specify) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

C20a. Is <child> currently on a waiting list for any type of medical assessment or treatment?

Yes ₁ No ₂

C20b. Please specify _____

C21. Do you have any concerns about how <child> talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No..... ₁ Yes, a little..... ₂ Yes, a lot ₃ Don't know..... ₄

C22. [CARD C22] In which areas does child have difficulties? What speech problems does <child> have?

	Yes	No		Yes	No
a. Reluctant to speak.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	g. Voice sounds unusual.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Speech not clear to the family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	h. Stutters, stammers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Speech not clear to others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	i. Lisp or difficulty pronouncing certain letter combinations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Speech is developing slowly.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	j. Other (please specify).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Difficulty finding words	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			
f. Difficulty putting words together.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			

C23. Has <child> received any treatment for his/her speech or language problem?

Yes ₁ No..... ₂

C24. Has <child> been to visit the dentist because of a problem with his/her teeth?

Yes..... ₁ No..... ₂

C25a. Was there any time during the past 12 months when <child> really needed to consult a dentist but did not?

Yes..... ₁ No..... ₂

C25b. Was this because you could not afford it, or some other reason?

Could not afford it..... ₁ Other reason..... ₂

C26. [CARD C26] I would like you to tell me about your child's diet and the types of food <pronoun> does and doesn't eat. Looking at the card, please tell me how often, on average, your child eats these foods.

	Never	Less than once a month	At least once a month	At least once a week	Most days	Once a day	2-3 per day	4-5 per day	6+ per day
a. Ready to eat breakfast cereals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
b. Other breakfast cereals e.g. porridge	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
c. White bread and rolls	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
d. Wholemeal, brown bread and rolls	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
e. Other breads e.g. scones, croissants.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
f. Savoury breads, e.g. pizza	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
g. Rice, pasta, noodles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
h. Cakes, pastries, buns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
i. Biscuits - any	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
j. Chocolate or confectionery.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
k. Other sweets.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
l. Ice cream or ice lollies	<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
m. Puddings & chilled desserts	<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
n. Yoghurt (flavoured or plain but not fromage frais)	<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
o. Fromage frais (e.g. Petit Filous)	<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

p. Cheese or cheese spread ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

q. Milk (cow's) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

r. Eggs (include in home cooking) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

s. Fruit squash (tropical fruit,
lemon barley, etc) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

t. Fruit juice (not squash) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

u. Blackcurrant only drinks ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

v. Fizzy drinks (**not** mineral water,
sugar-free or diet) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

w. Baked beans - canned ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

x. Peas, in any form ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

y. Leafy green vegetables
e.g. spinach, cabbage ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

z. Other green vegetables
e.g. green beans, broccoli ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

aa. Chips, fried potatoes
(e.g. waffles etc) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ab. Other potatoes ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ac. Carrots ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ad. Other root vegetables apart from
carrots and potatoes e.g.
parsnips, turnips ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ae. Mushrooms ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

af. Apples or pears (fresh) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ag. Soft fruits (e.g. peaches,
nectarines, grapes) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ah. Citrus fruits (e.g. orange,
tangerines, satsumas) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ai. Bananas ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

aj. Cucumber ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ak. Fresh tomatoes ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

al. Salad (e.g. lettuce) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

am. Butter ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

an. Low fat spread ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ao. Other spreads ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ap. Oils (e.g. vegetable, olive
sunflower) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

aq. Fish or shellfish including
fish fingers ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ar. Sausage, frankfurters ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

as. Liver (but not liver products
e.g. pâté) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

at. Beef, e.g. roast, steak, in stews ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

au. Beef, e.g. minced, burgers ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

av. Lamb, e.g. roast, steak,
in stews ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

aw. Pork, e.g. as a roast or chops
in stir fries etc ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ax. Bacon, rashers, ham ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ay. Chicken and poultry, e.g. as a
roast, in casseroles ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

az. Chicken and poultry, e.g. as
nuggets or breaded chicken ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

ba. Crisps or other packet snacks ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

C27. [CARD C27] Which of these best describes <child's> weight?

[INTERVIEWER: Ask the respondent to use codes 1-4 as on the card if child is present at time of interview]

- Underweight 1
- Normal weight 2
- Somewhat overweight..... 3
- Very overweight 4

C28. Is <child> right or left-handed? Right-handed 1 Left-handed..... 2 Don't know 3

C29. [CARD C29] How often would you say <child>.....

	Never	Seldom	Often	Almost always
a.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
u.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
v.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
w.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
x.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
y.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
z.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Section D - Parental Health

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

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

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

D2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

D3. 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.]

D4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

D5. Are you hampered in your daily activities by this problem, illness or disability?

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

D6. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

Yes, full card ₁ Yes, GP only ₂ Not covered ₃

D7. Is <child> covered by private medical insurance?

Yes ₁ No ₂

D8. Does that insurance include the cost of GP visits?

Yes, in full ₁ Yes, partially ₂ No ₃

D9. Does anyone in your household CURRENTLY have any chronic illness, disability or special need which adversely affects the Study Child in any way or the care you are able to give <pronoun>?

Yes ₁ No ₂

D10. What is the relationship of that person/those people to the Study Child?

	Yes	No
a. Parent.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Brother / Sister.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Other relative.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Non relative.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

D11. Thinking about your free-time, in general would you say you are...[INT:READ OUT]

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

D12. [CARD D12] Do you think that you are:

[INT: ASK THE RESPONDENT TO USE CODES 1-8 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

Very underweight ₁
Moderately underweight..... ₂
Slightly underweight..... ₃
About the right weight ₄
Slightly overweight ₅
Moderately overweight..... ₆
Very overweight. ₇
Don't know ₈

D13. [CARD D13] 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

Section E - Child's play, activities and temperament

The next section is about activities you may carry out with <child>.

E1. [CARD E1] Look at the card, for each statement, please indicate the answer that best describes the <child's> behaviour at the present time.

	Almost Never	Not Often	Variable, usually does not	Variable, usually does	Frequently	Almost always
a. This child is shy with strange adults	<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. When this child starts a project such as a puzzle or model, he/she works on it without stopping until it is completed, even if it takes a long 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. If this child wants a toy or sweet while shopping, he/she will easily accept something else instead	<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. This child is shy when first meeting new children	<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. This child likes to complete one task or activity before going onto the next	<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. When this child is angry about something, it is difficult to sidetrack him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. When in a park or visiting, this child will go up to strange children and join in their play	<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. This child stays with an activity (e.g. puzzle, construction kit, reading) for a long 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
i. When shopping together, if I do not buy what this child wants (e.g. sweets, clothing), he/she cries and yells	<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. When unknown adults visit our home, this child is immediately friendly and approaches them	<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. If this child is upset, it is hard to comfort him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
l. When a toy or game becomes difficult, this child quickly turns to another activity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

E2. Overall, compared to other children of the same age, do you think <child> is... [INT: READ OUT]

Easier than average..... 1

About average..... 2

More difficult than average..... 3

E3a. [CARD E3a] How often would you do any of the following with <child>?

	Never	Hardly ever	Occasionally	One or two times a week	Everyday	N/A
a. Play with <child> using toys or games / puzzles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
b. Play computer games with <child>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
c. Visit the library.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
d. Listen to <child> read.....	<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. Read to <child>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
f. Use computer with <child> in educational ways	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
g. Sport or physical activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
h. Go on educational visits outside home such as museums, farms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
i. Go shopping.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

E3b. [CARD E3b] Does <child> do any of the following at home?

	Never	Hardly ever	Occasionally	One or two times a week	Everyday
a. Plays on computer, tablet device (eg iPad) or smartphone (e.g. iPhone) by themselves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Plays "make believe" or pretend games	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Paints, draws or makes models	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Enjoys dance, music, movement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E4. [CARD E4] In the past month, has <child> done any of these things with you or another family member?

	Yes	No
a. Gone to a movie	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Gone to a sporting event in which the child was not a player	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Gone to a concert, play, museum, art gallery, community or school event.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Attended a religious service, church, temple, synagogue or mosque	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Visited a library	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Swimming	<input type="checkbox"/> 1	<input type="checkbox"/> 2

E5. [CARD E5] Does <child> attend a sports club or sports group

Never	<input type="checkbox"/> 1	Regularly, two hours per week	<input type="checkbox"/> 4
Twice a month	<input type="checkbox"/> 2	Regularly, more than two hours per week	<input type="checkbox"/> 5
Regularly, one hour per week	<input type="checkbox"/> 3	Don't know	<input type="checkbox"/> 6

E6. Looking at Card E6, can you tell me how often <child>

	Never	Less than once per week	1-2 times per week	3-6 times per week	Every day	Don't know
a) Climbs on trees, climbing frame, wall bars 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
b) Plays with a ball	<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) Plays chasing	<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) Rides a bike, tricycle or scooter	<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) Skates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

E7. About how many children's books does <child> have access to in your home now, including any library books? Would you estimate... [INT: READ OUT]

None.....	<input type="checkbox"/> 1	21 to 30.....	<input type="checkbox"/> 4
Less than 10	<input type="checkbox"/> 2	More than 30.....	<input type="checkbox"/> 5
10 to 20	<input type="checkbox"/> 3		

E8a. I would like you to think about all the time <child> spends on an average weekday looking at the TV, videos, dvds, computer, Ipad, smart phones, electronic games system. We are talking here about the amount of time <child> spends in front of any 'screen' (computer or TV or game) in an average weekday. How much time would <child> spend on this type of 'screen time' on an average weekday?

None 1 1-less than 2 hours 2 2- less than 3 hours ... 3 3 or more hours 4

E8b. What does <child> MOSTLY do on that 'screen time'? Is s/he usually:

Playing educational games	<input type="checkbox"/> 1
Playing other games.....	<input type="checkbox"/> 2
Watching movies, videos, other TV.....	<input type="checkbox"/> 3
Doing a mixture of all types of activities.....	<input type="checkbox"/> 4

E9. Does your child ever access the internet using a computer, tablet, smartphone or game system (e.g. Xbox) at home?

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

E10. Is <child> supervised by you or another adult when he/she accesses the internet?

Always..... 1 Sometimes 2 Never 3

Section F - Child's Functioning and relationships

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

F1. [CARD F1] Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child's behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

	Not True	Somewhat True	Certainly True
a. Considerate of other people's feelings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Restless, overactive, cannot stay still for long	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Often has temper tantrums or hot tempers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Rather solitary, tends to play alone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Generally obedient, usually does what adults request	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Many worries, often seems worried	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. Constantly fidgeting or squirming	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k. Has at least one good friend.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l. Often fights with other children or bullies them.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
m. Often unhappy, down-hearted or tearful.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
n. Generally liked by other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
o. Easily distracted, concentration wanders	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
p. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
q. Kind to younger children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
r. Often lies or cheats	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
s. Picked on or bullied by other children.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
t. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
u. Thinks things out before acting.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
v. Steals from home, school or elsewhere	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
w. Gets on better with adults than with other children.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
x. Many fears, easily scared	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
y. Sees tasks through to the end, good attention span	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

F2. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes, minor difficulties	Yes, definite difficulties	Yes, severe difficulties
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

F3. How long have these difficulties been present?

Less than a month₁ 1 -5 months₂ 6-12 months₃ Over a year₄

F4. Do the difficulties upset or distress your child?

Not at all ₁ Only a little₂ Quite a lot₃ A great deal₄

F5. Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
a. Home life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Friendships.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Classroom learning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Leisure activities.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

F6. Do the difficulties put a burden on you or the family as a whole?

Not at all ₁ Only a little₂ Quite a lot₃ A great deal₄

F7. Does <child> have any brothers or sisters?

Yes 1 No 2

F8. [CARD F8] In general, how well does <child> get on with his/her siblings?

Gets on well with his/her siblings 1
Mixed 2
Does not get on well with his/her siblings 3
Does not see them 4

Section G – School / Childcare / Preschool

G1. Has <child> started Junior Infants in primary school?

Note that the Early Start Programme is counted as preschool (not primary school). The Early Start Programme provides preschool places for 3 and 4 year olds in a small number of primary schools around the country.

Yes 1 GO TO SECTION G1, QUESTION G2
No 2 GO TO SECTION G2, QUESTION G35
Child is homeschooled 2 GO TO SECTION G1, QUESTION G20

Section G1 – Child has started school

Subsection A – School details, school choice and transition to school

Now I'd like to ask you some questions on school details, school choice and transition to school

G2. When did he/she start Junior Infants in primary school? _____ month _____ year

G3. What school is <child> currently attending? Please give the full name and address as exactly as possible

Name of school: _____

Address 1: _____

Address 2: _____

Address 3: _____

Address 4: _____

County: _____

G4. And (can I just check) is it a single sex or mixed school?

Single sex 1 Mixed sex 2 Mixed sex Juniors, Single sex Seniors 3

G5. What class (or year) is <child> currently in?

[INTERVIEWER: If interview is in July / August please enter the class <child> has just completed]

Junior Infants 1
Senior Infants 2
First class 3
Other (please specify) _____ 4

G6. When did you register or enroll Study Child with the school?

_____ month _____ year

G7a. Had you registered or enrolled <child> in other primary schools?

Yes 1 G7b. How many? _____
No 2

G8. Does <child> have any older brothers or sisters in the school they are attending?

Yes 1 No 2

The next few questions are about the time when you were deciding to enroll <child> at a primary school.

G9. [CARD G9] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources?

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a. Primary school staff | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Preschool staff (e.g. nursery or playgroup staff)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Friends | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Other parents | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Your siblings | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. School website..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Other (please specify) _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

G10. Did you have a choice about which school <child> would go to? Yes ₁ No ₂

[CARD G10] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school

- | | Very important | Somewhat important | Not very important | Not at all important |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. It's the local school or nearest to home | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b. His/her friends go or were intending to go there..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c. His/her brother/sister went/go there | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d. General good impression of school/good reputation..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e. The ethos of the school in terms of religion or beliefs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f. The gender mix of the school (co-educational/single sex) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| g. Language of instruction used in the school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| h. Other reason (specify) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

G11. [CARD G11] Did you do any of the things on this card to get <child> ready for starting school?

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a. You attended an information meeting arranged by the school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. You decided to visit the school before the Study Child started | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Sought advice from friends, neighbours and/or family | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Practised reading, writing or numbers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Talked to the Study Child about school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Something else (Please specify) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

G12. [CARD G12] I am going to read out a series of statements about how you felt about Study Child starting school, please tell me how much you agree or disagree with each statement.

- | | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. I felt that <child> was able to mix with other children well enough to get along at primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. I believe that <child> understood enough about taking turns and sharing to manage at primary school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. <Child> could go to the toilet on his/her own before starting primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. I felt that <child> had the pre-reading and writing skills necessary to start school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e. I was worried that <child> would find being apart from me too difficult..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| f. I was concerned that <child> would be reluctant to go to primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| g. I was worried that <child> was not independent enough to cope with primary school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

G13. How often would you or your spouse / partner usually speak in person to <child's> teacher?

Daily₁ Weekly₂ Monthly₃ Less often₄

G14. [CARD G14] Children sometimes have problems adjusting to primary school. On average, since <child> has started primary school...

	More than once a week	Once a week or less	Not at all
a. How often has <child> complained about school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. How often has <child> said good things about school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. How often has <child> looked forward to going to school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. How often has <child> been upset or reluctant to go to school?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

The next few questions are about how you think <child> is getting on at school.

G15a. How do you feel about the pace of learning at school for Study Child? Do you feel it is...

[INT: Read out]

Too fast for <child>₁
 Just right for <child>₂
 Too slow for <child>₃

G15b. And which of these statements best describes how <child>is finding his/her school work?

[INT: Read out]

<Child>usually finds school work hard₁
 <Child>sometimes finds school work hard₂
 <Child>never finds school work hard.....₃

G16. How confident are you that you know what your child is learning or doing in school?

Very confident₁ Somewhat confident ₂ Not very confident ...₃ Not at all confident ₄

G17. [CARD G17] How is information communicated to you from the school?

	Yes	No
a. Chatting informally with teacher	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Parent-teacher meeting / other formal meeting.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Newsletter.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Written report.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Phone call.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Text message	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Letter or note with the child or in his / her journal.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. What child tells me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. School's website or blog	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

G18. [CARD G18] Can you tell me how much you agree or disagree with these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
a.<Child> finds it hard to sit still and listen in class	<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.<Child's > teacher knows him/her well and gives him/her just the support he/she needs	<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.<Child> was happier with the way he/she learned things in preschool/nursery	<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.<Child> has adjusted easily to the way they do things in school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

G19. Who usually minds <child> if he/she is too sick to attend school?

[Interviewer: Read out answer categories]

Mother₁ Father₂ Parents take turns₃ Grandparents.....₄
 Other relative₅ Friend/ Neighbour₆ Childminder₇ Other (please specify)₈

Subsection B – Term-time out of school care for those who have started school

Now I'd like to ask you some questions about childcare arrangements for Study Child **after school** during the school term **G20. Is <child> minded by someone other than you or your resident spouse / partner on a regular basis after school, during the school year (between September and June)?**

Yes 1 No 2 Go to G28

- G21. (a) [Card G21] Who minds <child> on a regular basis each week after school?**
(b) number of days per week <child> spends in each type of childcare
(c) number of hours per week <child> spends in each type of childcare
(d) how much you pay for this childcare for <child> per week
(e) whether this is your main type of childcare

	[Tick all that apply]	Number of days	Number of hours	Cost per week	Main type of care
a. A relative in your home	<input type="checkbox"/> 1 Go to G22a	_____N	_____N	€ _____	<input type="checkbox"/>
b. A non-relative in your home	<input type="checkbox"/> 2 Go to G23a	_____N	_____N	€ _____	<input type="checkbox"/>
c. A relative in their home	<input type="checkbox"/> 3 Go to G22b	_____N	_____N	€ _____	<input type="checkbox"/>
d. A non-relative in their home	<input type="checkbox"/> 4 Go to G23b	_____N	_____N	€ _____	<input type="checkbox"/>
e. After School Service within School	<input type="checkbox"/> 5	_____N	_____N	€ _____	<input type="checkbox"/>
f. Other After School Service (e.g. in creche, community centre etc)	<input type="checkbox"/> 6	_____N	_____N	€ _____	<input type="checkbox"/>
g. Other (please specify)	<input type="checkbox"/> 7	_____N	_____N	€ _____	<input type="checkbox"/>

If more than one child in childcare arrangement, take the average cost per child

G22a. [CARD G22] Please specify how this person is related to <child>

1. Grandmother of <child>..... 1
2. Grandfather of <child>..... 2
3. Aunt /Uncle of <child> 3
4. Brother / Sister of <child> 4
5. Non-resident Parent 5
6. Cousin of <child>..... 6
7. Other relative 7

G22b. [CARD G22] Please specify how this person is related to <child>

1. Grandmother of <child>..... 1
2. Grandfather of <child>..... 2
3. Aunt /Uncle of <child> 3
4. Brother / Sister of <child> 4
5. Non-resident Parent 5
6. Cousin of <child>..... 6
7. Other relative 7

G23a. [CARD G23a] Which of the following best describes that person?

1. Au pair / Nanny (live in)..... 1
2. Friend / Neighbour 2
3. Childminder 3
4. Other 4

G23b. [CARD G23b] Which of the following best describes that person?

1. Friend / Neighbour..... 1
2. Childminder 2
3. Other..... 3

G24. What age was <child> when you started to use the main childcare arrangement? _____ years _____ months

[INT: IF ANSWER AT G21 IS (A) OR (B) PLEASE GO TO G26]

G25a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?

_____ number of children

G25b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?

_____ number of adults

G26. [CARD G26] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for. How often do the following statements describe your experience?

	Never	Rarely	Sometimes	Often	Always
a. There are lots of creative activities going on.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. It's an interesting place for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. There are plenty of toys, books, pictures, and music for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. In care, my child has many natural learning experiences.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The caregiver provides activities that are just right for my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My child gets a lot of individual attention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. My child likes the caregiver	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G27. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...
[INT:Read out]

Very easy .. 1 Easy ... 2 Neither easy nor difficult .. 3 Difficult 4 Or very difficult 5 ... Don't pay 6

Subsection C – Attendance at Preschool prior to starting school

Now I'd like to ask you some questions about attendance at preschool prior to starting school

Children aged between 3 years 3 months and 4 years 6 months on the 1st of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

G28. Did you avail of the free preschool year for the Study Child?

Yes 1 No 2 Never heard of it..... 3

G28b. Why not? _____

G28c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?

Yes, would have sent him/her anyway 1 No, wouldn't have been able to send him / her 2

G29. How best would you describe the setting in which the free preschool year was made available:

- Preschool 1
- Naionra..... 2
- Montessori..... 3
- Creche..... 5
- Playgroup..... 5
- Other group care setting (please specify) _____ 6

G30a. What age was <child> when he/she first attended Free Preschool Year? Age: _____ years _____ months

G30b. What age was <child> when he/she finished attending this Free Preschool Year? Age: _____ years _____ months

G31a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?

Only 3 hours per day 1 Topped up with more hours 2

G31b. How many additional hours in this same preschool setting per week? _____ hours

G31c. How much did you pay per week in total for these additional hours? _____ euros

G32. [CARD G32] The next questions are about <child>'s preschool. Please read each statement and indicate how characteristic each statement was of the preschool.

How often did the following statements describe your experience

	Never	Rarely	Sometimes	Often	Always
a. There were lots of creative activities going on.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. It was an interesting place for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. There were plenty of toys, books, pictures, and music for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. In care, my child had many natural learning experiences.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The caregiver provided activities that are just right for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My child felt safe and secure in care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. The caregiver was warm and affectionate toward my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. It was a healthy place for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. My child was treated with respect.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. My child was safe with this caregiver	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. My child got a lot of individual attention.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. My caregiver and I shared information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. My caregiver was open to new information and learning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. My caregiver showed she (he) knew a lot about children and their needs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. The caregiver handled discipline matters easily without being harsh	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
p. My child liked the caregiver	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
q. My caregiver was supportive of me as a parent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
r. My caregiver was happy to see my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G33. How confident were you that you knew what your child was learning or doing in preschool?

Very confident1 Somewhat confident 2 Not very confident ...3 Not at all confident 4

G34. Who usually minded <child> if he/she was too sick to attend preschool?

[Interviewer: Read out answer categories]

Mother1 Father2 Parents take turns3 Grandparents4
 Other relative5 Friend/ Neighbour6 Childminder7 Other (please specify)8

Section G2 – Child has not started school

Subsection A. Reasons for not starting school yet and preparations for starting school

G35. [CARD 35] When thinking about why you chose not to send <child> to primary school yet, how important were each of the following factors?

	Very important	Somewhat important	Not very important	Not at all important
a. I thought <child> was too young.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I didn't think <child> was ready to start school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Not able to due to <child> health problem/disability.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. <Child> has problems with his/her speech or language development.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Preschool/School advised deferring entry.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Someone else advised deferring entry(Please specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Something else (Please specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

G36. Have you decided yet which school <child> will attend?

Yes ₁

No ₂

As you know, we would like to approach the schools being attended by the children in *Growing Up in Ireland* from next September so someone from Head Office will be in touch with you in August when things should be clearer for you in terms of which school <child> will be attending.

G37. Please record full name and address of the school <child> will attend.

Name of school: _____

Address 1: _____

Address 2: _____

Address 3: _____

Address 4: _____

County: _____

G38. When will <child> start school? Which month and year?

_____ month _____ year Haven't decided yet ... ₁

G39. When did you register or enroll Study Child with the school?

_____ month _____ year

G40. Does <child> have any older brothers or sisters in the school they will attend?

Yes ₁ No ₂

G41a. Have you registered or enrolled <child> in other primary schools?

Yes ₁ **G41b. How many?** _____
 No ₂

The next few questions are about the time when you were deciding to enroll <child> at a primary school.

G42. [CARD G42] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources? Please tick all that apply

- a. Primary school staff ₁
- b. Preschool staff (e.g. nursery or playgroup staff) ₂
- c. Friends ₃
- d. Other parents ₄
- e. Your siblings ₅
- f. School Website ₇
- g. Other (specify) _____ ₈

G43. Did you have a choice about which school <child> would go to? Yes ... ₁ No ₂

G44. [CARD G44] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school

	Very important	Somewhat important	Not very important	Not at all important
a. It's the local school or nearest to home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. His/her friends go or were intending to go there.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. His/her brother/sister went/go there	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. General good impression of school/good reputation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. The ethos of the school in terms of religion or beliefs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. The gender mix of the school (co-educational / single sex)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Language of instruction used in the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Other reason (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

G45. [CARD G45] Are you doing or do you plan to do any of the things on this card to get <child> ready for starting school?

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a. Attend an information meeting arranged by the school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Visit the school before the Study Child starts | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Seek advice from friends, neighbours and/or family | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Practice reading, writing or numbers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Talk to the Study Child about school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Something else (Please specify) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

G46. [CARD G46] I am going to read out a series of statements about how you feel about Study Child starting school, please tell me how much you agree or disagree with each statement.

- | | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. I feel that <child> will be able to mix with other children well enough to get along at primary school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. I believe that <child> understands enough about taking turns and sharing to manage at primary school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. <Child> can go to the toilet on his/her own before starting primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. I feel that <child> has the pre-reading and writing skills necessary to start school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e. I am worried that <child> will find being apart from me too difficult..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| f. I am concerned that <child> will be reluctant to go to primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| g. I am worried that <child> is not independent enough to cope with primary school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Subsection B Attendance at Preschool – Child NOT at school

Children aged between 3 years 3 months and 4 years 6 months on the 1st of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

G47a. Have you availed of the Free Preschool Year for the Study Child?

- Yes ₁ No ₂ GO TO G55 Never heard of it ₃ GO TO G55

G47b. Why not? _____

G47c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?

- Yes, would have sent him/her anyway ₁ No, wouldn't have been able to send him / her ₂

G48. How best would you describe the setting in which the free preschool year was made available:

- Preschool ₁
 Naionra..... ₂
 Montessori..... ₃
 Creche..... ₄
 Playgroup..... ₅
 Other group care setting (please specify) _____ ₆

G49a. What age was <child> when he/she first attended Free Preschool Year? Age: _____ years _____ months

G49b. What age was <child> when he/she finished attending this Free Preschool Year OR What age will <child> be when he/she finishes, if he/she has not yet finished? Age: _____ years _____ months

G50a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?

Only 3 hours per day ₁ Topped up with more hours ₂

G50b. How many additional hours in this same preschool setting? _____ hours

G50c. How much did you pay per week in total for these additional hours? _____ euros

G51. [CARD 51] Children sometimes have problems adjusting to preschool. On average, since child has started preschool...

	More than once a week	Once a week or less	Not at all
a. How often has <child> complained about preschool?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. How often has <child> said good things about preschool?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. How often has <child> looked forward to going to preschool?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. How often has <child> been upset or reluctant to go to preschool?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

G52. [Card G52] The next questions are about <child>'s preschool. Please read each statement and indicate how characteristic each statement is/was of the preschool.

How often do/did the following statements describe your experience

	Never	Rarely	Sometimes	Often	Always
a. There are/were lots of creative activities going on.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. It is/was an interesting place for my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. There are/were plenty of toys, books, pictures, and music for my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. In care, my child has/had many natural learning experiences.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. The caregiver provides/provided activities that are/were just right for my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. My child feels/felt safe and secure in care.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. The caregiver is/was warm and affectionate toward my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. It is/was a healthy place for my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. My child is/was treated with respect	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. My child is/was safe with this caregiver.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. My child gets/got a lot of individual attention	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. My caregiver and I share/shared information	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. My caregiver is/was open to new information and learning.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. My caregiver shows/showed she (he) knows/knew a lot about children and their needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. The caregiver handles/handled discipline matters easily without being harsh	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
p. My child likes/liked the caregiver	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
q. My caregiver is/was supportive of me as a parent	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
r. My caregiver is/was happy to see my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

G53. How confident are/were you that you know/knew what your child was learning or doing in preschool?

Very confident ₁ Somewhat confident ₂ Not very confident ... ₃ Not at all confident ₄

G54. Who usually minds <child> if he/she is too sick to attend preschool?

[Interviewer: Read out answer categories]

Mother ₁ Father ₂ Parents take turns ₃ Grandparents ₄
 Other relative ₅ Friend/ Neighbour ₆ Childminder ₇ Other (please specify) ₈

**Subsection C. Term-time care arrangement:
Additional care arrangements for children attending preschool
Alternative care arrangement for children not attending preschool**

Now I'd like to ask you some questions about term-time childcare arrangements.

G55. (Thinking of any care arrangements in addition to those provided by the Free PreSchool Year or additional hours availed of in this preschool setting) Thinking of the school year Sept 2012 to June 2013, was <child> minded by someone other than you or your resident spouse / partner for 8 hours or more per week during the day?

Yes ₁ No ₂ If no go to g64

**G56. (a) [Card G56] Who minds <child> on a regular basis each week?
(b) number of days per week <child> spends in each type of childcare
(c) number of hours per week <child> spends in each type of childcare
(d) how much you pay for this childcare for <child> per week
(e) whether this is your main type of childcare**

If more than one child in childcare arrangement, take the average cost per child

	[Tick all that apply]	Number of days	Number of hours	Cost per week	Main type of care
a. A relative in your home	<input type="checkbox"/> ₁ Go to G57a	_____ N	_____ N	€ _____	<input type="checkbox"/> ₄
b. A non-relative in your home	<input type="checkbox"/> ₂ Go to G58a	_____ N	_____ N	€ _____	<input type="checkbox"/> ₄
c. A relative in their home	<input type="checkbox"/> ₃ Go to G57b	_____ N	_____ N	€ _____	<input type="checkbox"/> ₄
d. A non-relative in their home	<input type="checkbox"/> ₄ Go to G58b	_____ N	_____ N	€ _____	<input type="checkbox"/> ₄
e. Creche, Montessori, preschool, naíonra or other centre-based care setting, ...	<input type="checkbox"/> ₅	_____ N	_____ N	€ _____	<input type="checkbox"/> ₄
f. Other (please specify)	<input type="checkbox"/> ₆	_____ N	_____ N	€ _____	<input type="checkbox"/> ₄

G57a. [Card G57] Please specify how this person is related to <child>

- a. Grandmother of <child> ₁
- b. Grandfather of <child> ₂
- c. Aunt /Uncle of <child> ₃
- d. Brother / Sister of <child> ₄
- e. Non-resident Parent ₅
- f. Cousin of <child> ₆
- g. Other relative ₇

G58a. [Card G58a] Which of the following best describes that person?

- a. Au pair / Nanny (live in) ₁
- b. Friend / Neighbour ₂
- c. Childminder ₃
- d. Other ₆

G57b. [Card G57] Please specify how this person is related to <child>

- a. Grandmother of <child> ₁
- b. Grandfather of <child> ₂
- c. Aunt /Uncle of <child> ₃
- d. Brother / Sister of <child> ₄
- e. Non-resident Parent ₅
- f. Cousin of <child> ₆
- g. Other relative ₇

G58b. [Card G58b] Which of the following best describes that person?

- a. Friend / Neighbour ₁
- b. Childminder ₂
- c. Other ₃

G59. What age was <child> when you started to use the main childcare arrangement? _____ years _____ months

[INT: IF ANSWER AT G56 IS (A) OR (B) PLEASE GO TO G61]

G60a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?

_____ number of children

G60b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?

_____ number of adults

G61. [Card G61] What is the main reason the Study Child is using regular child care at present?

- 1. Parent's work or study commitments ₁
- 2. Parent's sport, shopping, social or community activities ₂
- 3. Give parent a break or time alone ₃
- 4. Good for child's social development/to mix with other children ₄
- 5. Good for child's intellectual or language development ₅
- 6. Establish relationships with grandparents or non-resident parents ₆
- 7. Other ₇

G62. [Card G62] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

Never Rarely Sometimes Often Always

How often do the following statements describe your experience

- a. There are lots of creative activities going on. ₁ ₂ ₃ ₄ ₅
- b. It's an interesting place for my child. ₁ ₂ ₃ ₄ ₅
- c. There are plenty of toys, books, pictures, and music for my child. ₁ ₂ ₃ ₄ ₅
- d. In care, my child has many natural learning experiences. ₁ ₂ ₃ ₄ ₅
- e. The caregiver provides activities that are just right for my child ₁ ₂ ₃ ₄ ₅
- f. My child gets a lot of individual attention ₁ ₂ ₃ ₄ ₅
- g. My child likes the caregiver ₁ ₂ ₃ ₄ ₅

G63. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...

Very easy .. ₁ Easy ... ₂ Neither easy nor difficult ₃ Difficult ₄ Or very difficult ₅ Don't pay ₆

Section G3 – NOT IN SCHOOL AND NOT IN CHILDCARE:

G64. What is the main reason the Study Child does not have any regular child care arrangements at present?

- Parent is available, other care not needed ₁
- Problems with getting child care places around here ₂
- Childcare not available around here ₃
- Transport problems to childcare ₄
- Can't afford it - cost too high ₅
- Concerned with quality of care ₆
- Child has disability or special needs ₇
- Didn't want child cared for by strangers ₈
- Parent(s) is / are the best for the child at this age ₉
- Other (please specify) _____ ₁₀

Section G4 – CHILDCARE ARRANGEMENT WHEN CHILD TURNED 3 YEARS OF AGE:

G65. Thinking back to when <child> turned 3 years of age, before he/she started the free preschool year (if relevant), was he/she minded on a regular basis by anyone other than you or your resident spouse/partner for 8 or more hours per week?

Yes ₁ No ₂

G66. What age was <child> when you started to use that childcare arrangement. (If more than one type of childcare was used when <child> turned 3 years of age please answer in respect of the main type of care used)?

_____ years _____ months

Section H – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

H1. How many times in the past week has the family sat down to eat an evening meal together? ____ (range 0 – 7)

The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

H2. [Card H2] Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)

	Never / almost never	Rarely	Sometimes	Often	Always / almost always
a. Hug or hold this child for no particular reason	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Tell this child how happy he/she makes you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Have warm, close times together with this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Enjoy listening to this child and doing things with him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Feel close to this child both when he/she was happy and when he/she was upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Express affection by hugging, kissing and holding this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

H3. [Card H3] When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)

	Never / almost never	Less than half the time	About half the time	More than half the time	All the time
a. Of all the times you talk to this child about his/her behaviour, how often is this praise?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. When you give this child an instruction or request to do something, how often do you make sure that he/she does it? ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. How often does this child get away with things that you feel should have been punished?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. How often are you angry when you punish this child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. How often do you feel you are having problems managing this child in general?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. How often is this child able to get out of punishment when he/she really sets his/her mind to it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. When you discipline this child, how often does he/she ignore the punishment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. How often do you tell this child that he/she is bad or not as good as others?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. How often do you think that the level of punishment you give this child depends on your mood?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

H4. [Card H4] If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
Because of your work responsibilities:						
a. You have missed out on home or family activities that you would have liked to have taken part in.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Your family time is less enjoyable and more pressured.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Because of your family responsibilities:						
c. You have to turn down work activities or opportunities that you would prefer to take on.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. The time you spend working is less enjoyable and more pressured	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

H5. [Card H5] Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?

I get enough help 1..... I don't get enough help 2..... I don't get any help at all 3..... I don't need any help 4.....

H6. Are you in regular contact with <child's> grandparents?

Yes..... 1 No..... 2 All grandparents are deceased 3 All grandparents live abroad 4

H7. How many of <child's> grandparents are still alive? _____ N

H8. With how many of his/her grandparents would you say <child> has a close or very close relationship? ____ N

H9. [Card H9] For the following items could you indicate whether or not the Study Child 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 the child have some new (not second hand) clothes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Does the child have two pairs of properly fitting shoes, including a pair of all-weather shoes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Does the child eat fresh fruit and/or vegetables at least once a day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Does the child eat three meals a day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Does the child eat a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Does the child have books at home suitable for his/her age?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Does the child have outdoor leisure equipment (bicycle, roller skates, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Does the child have indoor games (board games, computer games etc)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Does the child participate in a regular leisure activity (swimming, playing an instrument, youth organisations, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Does the child have celebrations on special occasions (birthdays, religious events)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Does the child invite/have friends to your house to play and/or eat from time to time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Does the child participate in school trips and school events that cost money?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Does the child have a suitable place to study or do homework?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

H10. [Card H10] Looking at Card H10, has the Study Child ever experienced any of the following:

[Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]

	Yes	No
A. Death of a parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. Death of other close family member (please specify) ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. Death of close friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. Divorce/separation of parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2
E. Moving house	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F. Moving country	<input type="checkbox"/> 1	<input type="checkbox"/> 2
G. Stay in foster home/ residential care.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
H. Serious illness/injury.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I. Serious illness/injury of a <u>family member</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
J. Drug taking/alcoholism in the immediate family.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
K. Mental disorder in immediate family	<input type="checkbox"/> 1	<input type="checkbox"/> 2
L. Conflict between parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2
M. Parent in prison.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
N. Other disturbing event (please specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

J: SOCIO-DEMOGRAPHICS

Time Section Started (24 hour clock)

Now some questions about the circumstances of your household.

J1. I would now like to ask you some questions about your accommodation: Is this accommodation a:
[Interviewer: Read out answer categories]

- House..... ₁
- Apartment / flat/ bedsit..... ₂
- Duplex..... ₃
- Other (specify)..... ₄

J2. Does your accommodation have access to a garden or common space (either private or shared) where you can let <child> out to play?

Yes ₁ No ₂

J3. Do you / someone else supervise <child> when <pronoun> is playing in this space?

Always ₁ Most of the time ₂ Now and again ₃ Never ₄

J4a. [Card J4a] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?

[Interviewer: Note that where the PCG lives with the Study Child's grandparent(s) in their house, occupancy should be recorded as 'living with parents' rather than owner occupier, i.e. the PCG's nature of occupancy rather than the grandparents]

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

J4b. How many bedrooms do you have in your home? _____ number of bedrooms

J5. Do you feel that your current accommodation (excluding location) is suitable for your family's needs?

Yes ₁ No ₂

J6. [CARD J6] Why is that?

- | | Yes | No |
|--|---------------------------------------|---------------------------------------|
| a. Too small | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Not a child-friendly layout..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Too many steps..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Poor conditions in the home (damp, drafts, leaks etc) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Problems with rats, mice, cockroaches etc..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Too noisy..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Problems with neighbours | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| h. Other (specify)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

J7. [Card J7] Which of these descriptions BEST describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as 0]

- | | | | |
|---|----------------------------|---|-----------------------------|
| 0. Currently on maternity leave, but have a job to return to..... | <input type="checkbox"/> 0 | 4. Student full-time..... | <input type="checkbox"/> 4 |
| 1. Employee (incl. apprenticeship or Community Employment)..... | <input type="checkbox"/> 1 | 5. On State training scheme (FAS, Faillte Ireland etc)..... | <input type="checkbox"/> 5 |
| 2. Self-employed outside farming..... | <input type="checkbox"/> 2 | 6. Unemployed, actively looking for a job..... | <input type="checkbox"/> 6 |
| 3. Farmer..... | <input type="checkbox"/> 3 | 7. Long-term sickness or disability..... | <input type="checkbox"/> 7 |
| | | 8. Home duties / looking after home or family..... | <input type="checkbox"/> 8 |
| | | 9. Retired..... | <input type="checkbox"/> 9 |
| | | 10. Other (please specify)..... | <input type="checkbox"/> 10 |

J8. 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

J9. 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]

J10. [Card J10] 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

[Interviewer: Ask J11 if code 0 or 1 at J7]

J11. [CARD J11] Does your employer (a) provide any of the following types of family friendly facilities and (b) if they are provided, have you used them in the last 12 months?

	Provide?		Used last 12 months	
	Yes	No	Yes	No
a. Subsidised child care.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. A crèche or nursery at work.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Childcare vouchers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Assistance with finding childcare.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Flexible working hours (i.e. changing times you start and finish).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Allow parents paid time off when a child is sick (in addition to normal holiday allowance).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Allow parents unpaid time off when a child is sick.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Allow parents unpaid time off during school holidays.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Allow employees to work from home some or all of the time.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Allow employees option to job-share.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Other family friendly facilities (please specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

J12. In general, how would you rate your employer in terms of allowing 'family friendly' working?

- Very good.....1
 Fairly good.....2
 Neither good nor poor.....3
 Fairly poor.....4
 Very poor.....5

[Interviewer: Ask J13 if code 0 or 1 at J7]

J13a. Do you supervise or manage any personnel in your job?

Yes _1

No _2

J13b. How many? _____

[Interviewer: Ask J14 if code 2 or 3 at J7]

J14. How many employees (if any) do you have? _____ employees N A _99

[Interviewer: Ask J15 if code 3 at J7]

J15. How many acres do you farm? _____ acres _____ hectares

Go to J28

J16. Apart from holiday or casual work, have you ever had a full-time job? Yes ... _1 No .. _2 **Go to J21**

J17. In what year did you last work in that full-time job? _____ year

J18. When you last worked in that full-time job were you?

Employee (incl. apprenticeship
or Community Employment) _1

Self-employed outside farming _2

Farmer _3

J19. [Card J19] What (was) your occupation in your main job?

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

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

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.

Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

J20. [Ask only if Farmer at J18] How many acres did you farm? _____ acres _____ hectares

J21. Do you currently have a part-time job outside the home? Yes _1 No _2 **Go to J24**

J22. On average, how many hours per week do you work in that part-time job? _____ hours

J23. [Card J23] What is your occupation in your main job?

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

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

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.

Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

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

Go to J25

J24. [Card J24] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

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

J25. [Card J25] What is the occupation of your spouse / partner?

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

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

Do not use general terms such as:
 MANAGER
 TEACHER
 ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.

Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in main OCCUPATION (If a farmer or a farm worker, please specify how many acres)

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

J26. [Card J26] Looking at the card, 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] [Card J29]

J27. And of these sources of income which is the largest source of income at present? [Int Tick one box only in Col. B]

	<u>A</u>		<u>B</u>
	<u>Receive?</u>		
	<u>Yes</u>	<u>No</u>	
a. Wages or Salaries.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Income from Self-Employment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Income from Farming.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Children's Allowance/ Child Benefit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Other Social Welfare Payments.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Student Maintenance Grants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

J28. [Card J28] If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax and PRSI as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all household members. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO J29. IF EXACT FIGURE GIVEN GO TO J31]

Don't know..... 99 € _____ per Week..... 1 Month..... 2 Year 3

J29. [Card J29] I know that it is difficult to give an exact figure for household income but on Card J29 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, 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 these deductions have been applied.

[Int: Tick the letter of the group your household falls into]

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

Per Week	Per Month	Per Year	Category
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> ₁ → Section A, Card J28
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000 ...	B <input type="checkbox"/> ₂ → Section B, Card J28
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000 ...	C <input type="checkbox"/> ₃ → Section C, Card J28
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000 ...	D <input type="checkbox"/> ₄ → Section D, Card J28
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000 ...	E <input type="checkbox"/> ₅ → Section E, Card J28
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000 ...	F <input type="checkbox"/> ₆ → Section F, Card J28
€926 to under €1,150	€4,001 to under €5,000	€48,001 to under €60,000 ...	G <input type="checkbox"/> ₇ → Section G, Card J28
€1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000 ...	H <input type="checkbox"/> ₈ → Section H, Card J28
€1,501 to under €1,850	€6,501 to under €8,000	€78,001 to under €96,000 ...	I <input type="checkbox"/> ₉ → Section I, Card J28
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> ₁₀ → Section J, Card J28
Refused	<input type="checkbox"/> ₇₇ GO TO J31	Don't Know	<input type="checkbox"/> ₈₈ GO TO J30

J30. [CARD J30] Would that be [Int: Show Card and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

A	Per week	under €75	<input type="checkbox"/> ₁	€75 to €150	<input type="checkbox"/> ₂	€151 to €230	<input type="checkbox"/> ₃
	Per Month	€0 to €300	<input type="checkbox"/> ₁	€301 to €650	<input type="checkbox"/> ₂	€651 to €1,000	<input type="checkbox"/> ₃
	Per Year	€0 to €4,000	<input type="checkbox"/> ₁	€4,001 to €8,000	<input type="checkbox"/> ₂	€8,001 to €12,000	<input type="checkbox"/> ₃
B	Per week	€231 to €270	<input type="checkbox"/> ₁	€271 to €310	<input type="checkbox"/> ₂	€311 to €350	<input type="checkbox"/> ₃
	Per Month	€1,001 to €1,150	<input type="checkbox"/> ₁	€1,151 to €1,350	<input type="checkbox"/> ₂	€1,351 to €1,500	<input type="checkbox"/> ₃
	Per Year	€12,001 to €14,000	<input type="checkbox"/> ₁	€14,001 to €16,000	<input type="checkbox"/> ₂	€16,001 to €18,000	<input type="checkbox"/> ₃
C	Per week	€351 to €390	<input type="checkbox"/> ₁	€391 to €420	<input type="checkbox"/> ₂	€421 to €460	<input type="checkbox"/> ₃
	Per Month	€1,501 to €1,700	<input type="checkbox"/> ₁	€1,701 to €1,800	<input type="checkbox"/> ₂	€1,801 to €2,000	<input type="checkbox"/> ₃
	Per Year	€18,001 to €20,000	<input type="checkbox"/> ₁	€20,001 to €22,000	<input type="checkbox"/> ₂	€22,001 to €24,000	<input type="checkbox"/> ₃
D	Per week	€461 to €500	<input type="checkbox"/> ₁	€501 to €535	<input type="checkbox"/> ₂	€536 to €575	<input type="checkbox"/> ₃
	Per Month	€2,001 to €2,150	<input type="checkbox"/> ₁	€2,151 to €2,300	<input type="checkbox"/> ₂	€2,301 to €2,500	<input type="checkbox"/> ₃
	Per Year	€24,001 to €26,000	<input type="checkbox"/> ₁	€26,001 to €28,000	<input type="checkbox"/> ₂	€28,001 to €30,000	<input type="checkbox"/> ₃
E	Per week	€576 to €650	<input type="checkbox"/> ₁	€651 to €750	<input type="checkbox"/> ₂	€751 to €800	<input type="checkbox"/> ₃
	Per Month	€2,501 to €2,800	<input type="checkbox"/> ₁	€2,801 to €3,250	<input type="checkbox"/> ₂	€3,251 to €3,500	<input type="checkbox"/> ₃
	Per Year	€30,001 to €34,000	<input type="checkbox"/> ₁	€34,001 to €38,000	<input type="checkbox"/> ₂	€38,001 to €42,000	<input type="checkbox"/> ₃
F	Per week	€801 to €850	<input type="checkbox"/> ₁	€851 to €880	<input type="checkbox"/> ₂	€881 to €925	<input type="checkbox"/> ₃
	Per Month	€3,501 to €3,650	<input type="checkbox"/> ₁	€3,651 to €3,800	<input type="checkbox"/> ₂	€3,801 to €4,000	<input type="checkbox"/> ₃
	Per Year	€42,001 to €44,000	<input type="checkbox"/> ₁	€44,001 to €46,000	<input type="checkbox"/> ₂	€46,001 to €48,000	<input type="checkbox"/> ₃
G	Per week	€926 to €1,000	<input type="checkbox"/> ₁	€1,001 to €1,050	<input type="checkbox"/> ₂	€1,051 to €1,150	<input type="checkbox"/> ₃
	Per Month	€4,001 to €4,300	<input type="checkbox"/> ₁	€4,301 to €4,600	<input type="checkbox"/> ₂	€4,601 to €5,000	<input type="checkbox"/> ₃
	Per Year	€48,001 to €52,000	<input type="checkbox"/> ₁	€52,001 to €56,000	<input type="checkbox"/> ₂	€56,001 to €60,000	<input type="checkbox"/> ₃
H	Per week	€1,151 to €1,250	<input type="checkbox"/> ₁	€1,251 to €1,375	<input type="checkbox"/> ₂	€1,376 to €1,500	<input type="checkbox"/> ₃
	Per Month	€5,001 to €5,500	<input type="checkbox"/> ₁	€5,501 to €6,000	<input type="checkbox"/> ₂	€6,001 to €6,500	<input type="checkbox"/> ₃
	Per Year	€60,001 to €66,000	<input type="checkbox"/> ₁	€66,001 to €72,000	<input type="checkbox"/> ₂	€72,001 to €78,000	<input type="checkbox"/> ₃
I	Per week	€1,501 to €1,600	<input type="checkbox"/> ₁	€1,601 to €1,750	<input type="checkbox"/> ₂	€1,751 to €1,850	<input type="checkbox"/> ₃
	Per Month	€6,501 to €7,000	<input type="checkbox"/> ₁	€7,001 to €7,500	<input type="checkbox"/> ₂	€7,501 to €8,000	<input type="checkbox"/> ₃
	Per Year	€78,001 to €84,000	<input type="checkbox"/> ₁	€84,001 to €90,000	<input type="checkbox"/> ₂	€90,001 to €96,000	<input type="checkbox"/> ₃
J	Per week	€1,851 to €2,100	<input type="checkbox"/> ₁	€2,101 to €2,400	<input type="checkbox"/> ₂	€2,401 or more	<input type="checkbox"/> ₃
	Per Month	€8,001 to €9,250	<input type="checkbox"/> ₁	€9,251 to €10,500	<input type="checkbox"/> ₂	€10,501 or more	<input type="checkbox"/> ₃
	Per Year	€96,000 to €110,000	<input type="checkbox"/> ₁	€110,001 to €125,000	<input type="checkbox"/> ₂	€125,001 or more	<input type="checkbox"/> ₃

J31. Does anyone in your household currently receive any Social Welfare payments?

Yes ₁ No ₂

J32. [Card J32] Now I'd like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card J32, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]

Social Welfare Payment		Social Welfare Payment	
UNEMPLOYMENT PAYMENTS			
Jobseeker's Benefit	<input type="checkbox"/> 1	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> 2
EMPLOYMENT SUPPORTS			
Family Income Supplement	<input type="checkbox"/> 3	Back to Work Enterprise Allowance	<input type="checkbox"/> 6
Farm Assist	<input type="checkbox"/> 4	Part-time Job Incentive Scheme	<input type="checkbox"/> 7
Back to Work Allowance (Employees)	<input type="checkbox"/> 5	Back to Education Allowance	<input type="checkbox"/> 8
Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> 9	Rural Social Scheme	<input type="checkbox"/> 10
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's/Widower's or Surviving Civil Partner (Contributory) Pension	<input type="checkbox"/> 11	Deserted Wife's Allowance	<input type="checkbox"/> 15
Deserted Wife's Benefit	<input type="checkbox"/> 12	Prisoner's Wife's Allowance	<input type="checkbox"/> 16
Widowed or Surviving Civil Partner Grant	<input type="checkbox"/> 13	One-Parent Family Payment	<input type="checkbox"/> 17
Widow's/Widower's or Surviving Civil Partner (Non-Contrib) Pension	<input type="checkbox"/> 14		
CHILD RELATED PAYMENTS			
Maternity Benefit	<input type="checkbox"/> 18	Guardian's Payment (Contributory)	<input type="checkbox"/> 21
Adoptive Benefit	<input type="checkbox"/> 19	Guardian's Payment (Non-Contributory)	<input type="checkbox"/> 22
Health & Safety Benefit	<input type="checkbox"/> 20	Guardian/Orphan's pension	<input type="checkbox"/> 23
DISABILITY AND CARING PAYMENTS			
Illness Benefit	<input type="checkbox"/> 24	Prescribed Relative's Allowance	<input type="checkbox"/> 32
Invalidity Pension	<input type="checkbox"/> 25	Injury Benefit	<input type="checkbox"/> 33
Disability Allowance	<input type="checkbox"/> 26	Incapacity Supplement	<input type="checkbox"/> 34
Blind Pension	<input type="checkbox"/> 27	Disablement Benefit	<input type="checkbox"/> 35
Carer's Benefit	<input type="checkbox"/> 28	Medical Care Scheme	<input type="checkbox"/> 36
Domiciliary Care Allowance	<input type="checkbox"/> 29	Constant Attendance Allowance	<input type="checkbox"/> 37
Carer's Allowance	<input type="checkbox"/> 30	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> 38
Half-rate Carer's Allowance	<input type="checkbox"/> 31		
RETIREMENT PAYMENTS			
State Pension (Transition)	<input type="checkbox"/> 39	State Pension Non-Contributory	<input type="checkbox"/> 41
State Pension (Contributory)	<input type="checkbox"/> 40	Pre-Retirement Allowance	<input type="checkbox"/> 42
OTHER PAYMENTS			
Fuel/Smokeless Fuel Allowance	<input type="checkbox"/> 43	Diet/heating supplements	<input type="checkbox"/> 45
Household Benefits Package (electricity/gas/phone)	<input type="checkbox"/> 44	Other (please specify) _____	<input type="checkbox"/> 46

J33a. Does anyone in your household currently receive rent or mortgage supplement? Yes 1 No... 2

J33b. How much does the household receive PER WEEK in rent or mortgage supplement? €-----

J34. Do you receive or have you received in the last 12 months, any of the following payments?

- a. Back to school clothing and footwear allowance 1
b. Exceptional and urgent needs payments (from Community Welfare Officer) 2
c. Foster Care Allowance 3

J35. Looking at Card J35 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?

[INTERVIEWER: Note that Child Benefit rates are €130 per month for 1st, 2nd and 3rd child and €140 for 4th and subsequent children]

- 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%
- 1 2 3 4 5 6 7

J36. [Card J36] 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

J37. [Card J37] 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? Would you say...

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

J38. 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

J39a. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes 1 No 2

J39b. [CARD J39b] 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

J40a. Does your family have a car?

Yes 1 No 2

J40b. Would your family like to have a car but you cannot afford it?

Yes 1 No 2

J41. Since our last interview in [MM/YYYY] we have had major changes in the economy with the recession, cutbacks and unemployment. Would you say that the recession has had... ..[INT: READ OUT]

A very significant effect on your family 1 A significant effect on your family 2 A small effect on your family 3 No effect at all on your family 4

J42. [Card J42] How has it affected your family?

	Yes	No
a. You were made redundant / lost your job	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Your spouse/partner was made redundant / lost their job	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Your or your spouse/partner's working hours were reduced	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Your or your spouse/partner's wages were reduced	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Your or your spouse/partner's social welfare benefits were reduced	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Your family can't afford luxuries (holidays, meals out etc).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Your family can't afford / had to cut back on basics (food, clothes etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. You are behind with rent / mortgage payments	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. You are behind with utility bills (e.g. electricity, gas bills etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Took out an extra loan or increased your debt	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Other (please specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Section K – About You

Now some more questions about yourself

K1a. [Card K1a] What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education ₁
 2. Primary education..... ₂

Second Level

3. Lower Secondary ₃
 (Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
 4. Upper Secondary..... ₄
 (Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent
 5. Technical or Vocational qualification ₅
 (Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).

Third Level

6. National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.. ₆
 (Non Degree)
 7. Primary Degree ₇
 (Third Level Bachelor Degree)
 8. Professional qualification of Degree status at least (e.g. Chartered Accountant/Surveyor)..... ₈
 9. Both a Degree and a Professional qualification..... ₉
 10. Postgraduate Certificate or Diploma..... ₁₀
 11. Postgraduate Degree (Masters) ₁₁
 12. Doctorate (Ph.D)..... ₁₂

[INTERVIEWER: ASK K1B ONLY IF K1A IS CODE 3 OR HIGHER]

K1b. In what year did you get this qualification? _____

[INTERVIEWER: ASK K1C ONLY IF K1A IS CODE 5 OR HIGHER]

K1c. What is the name of this qualification?

[INTERVIEWER: Please record as much detail as possible]

[INTERVIEWER: ASK K1D ONLY IF K1A IS CODE 5]

K1d. Did you complete your Upper Secondary education (Leaving Certificate/'A'Levels or equivalent) before gaining this qualification?

- Yes ₁ No ₂

K2. What is <child's> first language?

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

K3. What language is usually spoken to <child> in the home?

- English ₁ Irish ₂ Other (please specify) _____ ₃

[BLAISE CONDITION: ASK K4 –K6 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 2, NON-RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]

K4. Many people have problems with reading. Can I just check, can you read aloud to a child from a children's story book written in your native language?

- Yes ₁ No..... ₂

K5. Can I just check, can you read aloud to a child from a children's story book written in English?

- Yes ₁ No..... ₂

K6. Can you usually read and fill out forms you might have to deal with in English?

- Yes ₁ No..... ₂

[BLAISE CONDITION: ASK K7 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT TIME 2, NON-RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]

K7. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

Yes ₁ No..... ₂

K8. Do you belong to any religion?

Yes ₁ No..... ₂

K9. [Card K9] 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

K10. Are you a citizen of Ireland? Yes..... ₁ No ₂

K11. What citizenship do you hold? _____

[ASK K12 – K14 IF NON RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]

K12. Were you born in Ireland? Yes..... ₁ No ₂

K13. In which country were you born? _____

K14. 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

K15. [Card K15] Looking at card K15, 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

L. Neighbourhood / Community

Time Section Started (24 hour clock)

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

L1. How long have you lived in your local area? _____ years OR _____ months

L2. [CARD L2] How strongly do you agree or disagree with these statements about your neighbourhood?

	Strongly agree	Agree	Disagree	Strongly disagree
a. This is a safe neighbourhood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. There are good parks, playgrounds and play spaces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. The state of the footpaths, roads and street lighting is good	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. There is access to close, affordable, regular public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. There is access to basic shopping facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. There is access to basic services such as banks, medical clinics, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. There is heavy traffic on my street or road	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. It is safe for children to play outside during the day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. People around here are willing to help their neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Most people in your neighbourhood can be trusted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. If you need information about local services, you know where to find that information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. You are well informed about local affairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. You feel a strong sense of identity with your neighbourhood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

L3. Do you participate in any ongoing community service activity? (e.g. volunteering at a school, coaching a sports team or working with a church or neighbourhood association)?

Yes.....1 No 2

L4. [CARD L4] How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common; fairly common; not very common; or not at all common.

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

L5. [CARD L5] How often do you and your neighbours do each of the following?

	Never	Sometimes	Often
a. Do favours for each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Share information on schools or children's activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Visit each other's houses.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

L6. How do you feel about your neighbourhood as a place for bringing up children?

Excellent <input type="checkbox"/> 1	Good <input type="checkbox"/> 2	Average <input type="checkbox"/> 3	Poor <input type="checkbox"/> 4	Very poor <input type="checkbox"/> 5	Don't know <input type="checkbox"/> 6
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L7. [CARD L7] Would you describe the place where the household is situated as being.....?

In open country	<input type="checkbox"/> 1	Waterford city	<input type="checkbox"/> 7
In a village (200-1,499)	<input type="checkbox"/> 2	Galway city	<input type="checkbox"/> 8
In a town (1,500-2,999)	<input type="checkbox"/> 3	Limerick city.....	<input type="checkbox"/> 9
In a town (3,000-4,999)	<input type="checkbox"/> 4	Cork city.....	<input type="checkbox"/> 10
In a town (5,000-9,999)	<input type="checkbox"/> 5	Dublin city (incl. Dun Laoghaire)	<input type="checkbox"/> 11
In a town (10,000 or more).....	<input type="checkbox"/> 6	Dublin county (outside Dublin city) urban.....	<input type="checkbox"/> 12
		Dublin county (outside Dublin city) rural.....	<input type="checkbox"/> 13

B2 Primary Caregiver Sensitive Questionnaire

GROWING UP IN IRELAND

STRICTLY CONFIDENTIAL

5-Year Questionnaire – Draft of 20/02/13

Primary Caregiver – Sensitive Questionnaire

GROUP HHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

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

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

X1. Are you male or female?

Male..... ₁ Female ₂

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

[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT TIME 2 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 3 ASK AS1 – AS3]:

AS1. Can you please tell me why <Person at Wave 2> is no longer resident in the household.

- He/she is deceased ₁
- We separated/divorced ₂
- He/she moved out to set up own household..... ₃
- Long-term absence (e.g. hospital, prison, military service abroad) ₄
- Other (please specify) ₅

AS2. When did <Person from Wave 2> stop living with you: Since what month? _____ mth

AS3. When did <Person from Wave 2> stop living with you: Since what year? [YYYY]

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

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

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

Yes..... ₁ No..... ₂ → Go to S7

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

Domestic ₁

Inter-country ₂

S4. Was this a within family adoption?

Yes ₁ No ₂

S5. From which country?

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

NOW PLEASE GO TO S12

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

Yes.....1

No.....2 → Go to S12

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

S9. Do you anticipate that this will be a long-term foster placement? Yes1 No2

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

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

Another foster family1

Own family.....2

Institutional care3

NOW PLEASE GO TO S12

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

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

Married and living with husband / wife1 Go to S13a

Married and separated from husband / wife2 Go to S13b

Divorced3 Go to S13b

Widowed4 Go to S13b

Never married (including living with partner)5 Go to S15

S13a. In what year did you marry your husband / wife? _____ (year) Go to S16

S13b. In what year did you marry your (former) spouse? _____ (year)

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

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

Yes.....1

No2 Go to S21

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

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

Most days.....1 →Go to S18

At least once a week.....2 →Go to S18

Less than once a week3 →Go to S18

Hardly ever.....4 →Go to S18

Never.....5 →Go to S19

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

Almost never/ never Not very often Sometimes Often Almost always/ always

a. Shout or yell at each other1.....2.....3.....4.....5

b. Throw something at each other1.....2.....3.....4.....5

c. Push, hit or slap each other1.....2.....3.....4.....5

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

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

a. You discuss or have considered divorce, separation, or terminating your relationship.....1.....2.....3.....4.....5.....6

b. You think that things between you and your partner are going well1.....2.....3.....4.....5.....6

c. You confide in your spouse/partner1.....2.....3.....4.....5.....6

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



S21. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <child> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
a. I am happy in my role as a parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I enjoy spending time with my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The major source of stress in my life is my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Having a child leaves little time and flexibility in my life..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Having a child has been a financial burden.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. I am satisfied as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S22. Of the following, please choose the ONE item that best describes how you feel about yourself as a parent. Do you feel that you are...

Not very good at being a parent	<input type="checkbox"/> 1
A person who has some trouble being a parent	<input type="checkbox"/> 2
An average parent	<input type="checkbox"/> 3
A better than average parent	<input type="checkbox"/> 4
A very good parent.....	<input type="checkbox"/> 5

[BLAISE CONDITION: ASK S23 ONLY OF FEMALE RESPONDENTS]

S23. Are you currently pregnant? Yes.....1 No.....2

S24. Which of the following best describes how often you usually drink alcohol?

1. Never.....	<input type="checkbox"/> 1	Go to S27
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:
S25. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

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

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

[BLAISE CONDITION: ASK S26a ONLY OF FEMALE RESPONDENTS]

S26a. 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

[BLAISE CONDITION: ASK S26b ONLY OF MALE RESPONDENTS]

S26b. 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

S26c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never ₁ Less than monthly ₂ Monthly ₃ Weekly ₄ Daily or almost daily ₅

S26d. How often during the last year have you failed to do what was expected of you because of drinking?

Never ₁ Less than monthly ₂ Monthly ₃ Weekly ₄ Daily or almost daily ₅

S26e. 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

S27. Do you currently smoke daily, occasionally or not at all?

Daily₁ Occasionally₂ Not at all₃

S28. About how many cigarettes or cigars do you smoke on average each day

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

S29. Including yourself, how many members of the household smoke? ____N

S30. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Yes, regularly ₁ Yes, occasionally₂ No, not at all.....₃

S31. Since the time of the last interview in [MM/YYYY], have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?

Yes.....₁ No.....₂

S32. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?

Yes.....₁ No.....₂

S33. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

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

S34. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?

Yes.....₁ No.....₂ → Go to S36

S35. Have you ever been to prison? Yes₁ No..... ₂

[BLAISE CONDITION: ASK S36 ONLY IF RESIDENT SPOUSE/PARTNER]

S36. Thinking about how you and your spouse/partner look after the family and house, do you think that you do your fair share of the domestic tasks (e.g. housework, home maintenance, shopping and cooking)?

- I do much less than my fair share 1
- I do less than my fair share 2
- I do my fair share 3
- I do more than my fair share 4
- I do much more than my fair share 5

[BLAISE CONDITION: ASK S37 ONLY IF RESIDENT SPOUSE/PARTNER]

S37. Do you think that you do your fair share of the child-rearing tasks (both physical and emotional care)?

- I do much less than my fair share 1
- I do less than my fair share 2
- I do my fair share 3
- I do more than my fair share 4
- I do much more than my fair share 5

S38. Can we check, does <child's> biological father/ mother live here with you or elsewhere?

- Lives here 1 → **Go to S60**
- Deceased 2 → **Go to S60**
- Temporarily lives elsewhere 3 → **Go to S60**
- Lives elsewhere 4 → **Go to S39**

S39. Were you ever married to or did you ever live with <child's> biological father / mother?

- Yes, married to... 1 Yes, lived with... 2 No 3 **Go to S41** Adoptive / Foster parent 4 **Go to S60**

S40. What age was the Study Child when you split or separated from their biological father / mother?

Child's age _____ years

S41. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

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

S42. Briefly describe that arrangement

S43. 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

S44. Is this written or verbal? Written 1 Verbal 2

S45. How far does <child's> biological father / mother live from here?

- Within ½ hour's drive from here 1
- Between ½ and 1 hour's drive from here.. 2
- More than 1 hour's drive from here 3
- Outside the country..... 4

S46a. How often does <child> have face-to-face contact with his / her biological father / mother?

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

S46b. How often does <child> have other contact (not face-to-face)with his / her biological father / mother?

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

S47. On average, how often does <child> stay over or spend the night with his / her biological father / mother?

- 4 or more nights per week1 Monthly5
1 – 3 nights per week.....2 Less than once a month6
Fortnightly3 Never7

S48. Some children have trouble adjusting when they move from one parent to another. When child first returns from contact with his / her biological father / mother, which of the following best describes how he/she typically behaves.

- Over-excited and hard to settle for a long period (more than a few hours)1
Over-excited and hard to settle for a short period2
Relaxed and comfortable3
Withdrawn, sad or restless for a short period4
Withdrawn, sad or restless for a long period (more than a few hours)5

S49. When child is about to leave to spend time with his / her biological father / mother, is he/she sad or distressed?

- Yes - a little ..1 Yes – somewhat.....2 Yes – very.....3 No.....4 Don't know5

S50. Does <child's> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

- No, he/she never makes any payment1
Yes, he/she makes a regular payment2
Yes, he/she makes payments as required3

S51. How often do you talk to <child's> biological father/ mother about <child>?

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Every day | Several times a week | About once a week | A few times a month | Several times a year | Never |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S52. How often do you disagree with <child's> biological father/ mother about basic child-rearing issues?

- Never/Almost never1 Often4
Rarely2 Always/Almost always5
Sometimes3 Don't discuss6

S53. When you make major decisions about <child>, like medical treatment or choice of child care, how often do you ask <child's> biological father/ mother for his/her views?

- Never/Almost never1 Often4
Rarely2 Always/Almost always5
Sometimes3 Don't discuss6

S54. How involved do you think <child's> biological father/ mother should be in <child's> life?

- A lot more involved1 A little less involved.....4
A little more involved.....2 Much less involved.....5
Level of involvement is about right3

S55. How often does <child's> biological father/ mother do any of these additional things:

- | | Often | Sometimes | Rarely | Never |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Buy clothes, toys or presents for child | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Pay for child's medical or dental bills, health insurance or medicines..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Give you extra money to help out, like pay the rent, household bills or car repairs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Look after child when you need to do other things such as working, studying or attending appointments..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

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

- | | | | | |
|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| Very positive | Positive | Neither positive nor negative | Somewhat negative | Very negative |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S57. Does <child's> biological father / mother have any other children living with him/her at the moment?

- Yes 1 No 2

S58. How many of these are:

	N
Full brothers / sisters of the Study Child	_____
Half brothers / sisters of the Study Child	_____
Other children (not related to Study Child)	_____

S59. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?

- Yes 1
No, I do not wish other parent to be contacted 2
No, I do not have contact details for other parent 3

 Please give contact details

S60. THANK YOU VERY MUCH FOR TAKING PART IN THE *GROWING UP IN IRELAND* STUDY.

B3 Secondary Caregiver Main Questionnaire



The Economic and Social Research Institute
Whitaker Square
Sir John Rogerson's Quay
Dublin 2
Ph: 01-863 2000 Fax 01-863 2100



University of Dublin
Trinity College
College Green
Dublin 2



GROWING UP IN IRELAND STRICTLY CONFIDENTIAL

5-Year Questionnaire – Draft of 20/02/13

SECONDARY CAREGIVER QUESTIONNAIRE

GROUP HHOLD RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

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

The Department of 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 Skills 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

INT: IS RESPONDENT MALE OR FEMALE? Male 1 Female..... 2

X1. What is your date of birth? __ __ / __ __ / __ __ __ __
DD MM YYYY

Section A - Introduction

A1. [Card A1] Can you please tell me which of the following best describes your relationship to <child>?
[Interviewer use codes only]

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

Section B - Parent-Child Relationships

B1. [CARD B1] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Does not really apply	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My child and I always seem to be struggling with each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. If upset, my child will seek comfort from me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child values his/her relationship with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. When I praise my child he/she beams with pride	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. My child spontaneously shares information about his/herself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. My child easily becomes angry at me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. It is easy to be in tune with what my child is feeling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. My child remains angry or is resistant after being disciplined	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. Dealing with my child drains my energy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. When my child is in a bad mood I know we're in for a long and difficult day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. My child's feelings toward me can be unpredictable or can change suddenly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. My child openly shares his/her feelings and experiences with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B2. [CARD B2] How often do you do the following when <child> misbehaves?

	Never	Rarely	Now and again	Regularly	Always	Can't say
a. Discuss/Explain why behaviour was wrong....	<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. Ignore him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Smack him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Shout or yell at him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Send him/her out of the room or to his/her bedroom or naughty step.....	<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. Take away treats	<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. Tell him/her off	<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. Bribe him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Section C - Child's physical health and development

Now I'd like to ask you a few questions about <child's> health

C1. [CARD C1] Which of these best describes <child's> weight?

[INTERVIEWER: Ask the respondent to use codes 1-4 as on the card if child is present at time of interview]

Underweight..... 1

Normal weight..... 2

Somewhat overweight..... 3

Very overweight..... 4

Section D - Parental Health

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

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

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

D2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

D3. 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.]

D4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

D5. Are you hampered in your daily activities by this problem, illness or disability?

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

D6. Thinking about your free-time, in general would you say you are...[INT:READ OUT]

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

D7. [CARD D7] Do you think that you are:

[INT: ASK THE RESPONDENT TO USE CODES 1-8 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

Very underweight..... ₁
Moderately underweight..... ₂
Slightly underweight..... ₃
About the right weight ₄
Slightly overweight..... ₅
Moderately overweight..... ₆
Very overweight. ₇
Don't know ₈

D8. [CARD D8] 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

Section E - Child's play and activities

E1. Overall, compared to other children of the same age, do you think <child> is... [INT: READ OUT]

Easier than average..... ₁
About average..... ₂
More difficult than average..... ₃

E2a. [CARD E2a] How often would you do any of the following with <child>?

	Never	Hardly ever	Occasionally	One or two times a week	Everyday	N/A
a. Play with <child> using toys or games / puzzles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
b. Play computer games with <child>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
c. Visit the library.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
d. Listen to <child> read.....	<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. Read to <child>.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
f. Use computer with <child> in educational ways.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
g. Sport or physical activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
h. Go on educational visits outside home such as museums, farms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
i. Go shopping.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

Section H – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

H1. [Card H1] Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)

	Never / almost never	Rarely	Sometimes	Often	Always / almost always
a. Hug or hold this child for no particular reason	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Tell this child how happy he/she makes you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Have warm, close times together with this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Enjoy listening to this child and doing things with him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Feel close to this child both when he/she was happy and when he/she was upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Express affection by hugging, kissing and holding this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

H2. [Card H2] When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)

	Never / almost never	Less than half the time	About half the time	More than half the time	All the time
a. Of all the times you talk to this child about his/her behaviour, how often is this praise?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. When you give this child an instruction or request to do something, how often do you make sure that he/she does it? ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. How often does this child get away with things that you feel should have been punished?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. How often are you angry when you punish this child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. How often do you feel you are having problems managing this child in general?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. How often is this child able to get out of punishment when he/she really sets his/her mind to it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. When you discipline this child, how often does he/she ignore the punishment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. How often do you tell this child that he/she is bad or not as good as others?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. How often do you think that the level of punishment you give this child depends on your mood?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

H3. [Card H3] If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?

Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree
N/A

Because of your work responsibilities:

- a. You have missed out on home or family activities that you would have liked to have taken part in..... 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 that 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

J: SOCIO-DEMOGRAPHICS

Now some questions about yourself

J1. [Card J1] 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]

- | | |
|--|---|
| <p>0. Currently on maternity leave, but have a job to return to..... <input type="checkbox"/>₀</p> <p>1. Employee (incl. apprenticeship or Community Employment) <input type="checkbox"/>₁</p> <p>2. Self-employed outside farming <input type="checkbox"/>₂</p> <p>3. Farmer..... <input type="checkbox"/>₃</p> | <p>4. Student full-time <input type="checkbox"/>₄</p> <p>5. On State training scheme (FAS, Failte Ireland etc) ... <input type="checkbox"/>₅</p> <p>6. Unemployed, actively looking for a job <input type="checkbox"/>₆</p> <p>7. Long-term sickness or disability <input type="checkbox"/>₇</p> <p>8. Home duties / looking after home or family <input type="checkbox"/>₈</p> <p>9. Retired <input type="checkbox"/>₉</p> <p>10. Other (please specify) _____ <input type="checkbox"/>₁₀</p> |
|--|---|

J2. 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

J3. 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]

J4. [Card J4] 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: | Do not use general terms such as: |
| RETAIL STORE MANAGER | MANAGER |
| SECONDARY TEACHER | TEACHER |
| ELECTRICAL ENGINEER | 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

[Interviewer: Ask J5 if code 0 or 1 at J1]

J5. [CARD J5] Does your employer (a) provide any of the following types of family friendly facilities and (b) if they are provided, have you used them in the last 12 months?

	Provide?		Used last 12 months	
	Yes	No	Yes	No
a. Subsidised child care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. A crèche or nursery at work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Childcare vouchers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Assistance with finding childcare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Flexible working hours (i.e. changing times you start and finish)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Allow parents paid time off when a child is sick (in addition to normal holiday allowance)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Allow parents unpaid time off when a child is sick.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Allow parents unpaid time off during school holidays.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Allow employees to work from home some or all of the time ..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Allow employees option to job-share	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Other family friendly facilities (please specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

J6. In general, how would you rate your employer in terms of allowing 'family friendly' working?

- Very good..... 1
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor.....

[Interviewer: Ask J7 if code 0 or 1 at J1]

J7. Do you supervise or manage any personnel in your job?

Yes 1 No 2

J8. How many? _____

[Interviewer: Ask J9 if code 2 or 3 at J1]

J9. How many employees (if any) do you have? _____ employees N A 99

[Interviewer: Ask J10 if code 3 at J1]

J10. How many acres do you farm? _____ acres _____ hectares

Go to Section K

J11. Apart from holiday or casual work, have you ever had a full-time job? Yes ... 1 No .. 2 **Go to J16**

J12. In what year did you last work in that full-time job? _____ year

J13. When you last worked in that full-time job were you?

Employee (incl. apprenticeship or Community Employment) 1 Self-employed outside farming 2 Farmer 3

J14. [Card J14] What (was) your occupation in your main job?

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

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

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

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

Write in your main OCCUPATION

J15. [Ask only if Farmer at J13] How many acres did you farm? _____ acres _____ hectares

J16. Do you currently have a part-time job outside the home? Yes ₁ No..... ₂ **Go to J19**

J17. On average, how many hours per week do you work in that part-time job? _____ hours

J18. [Card J18] What is your occupation in your main job?

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

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

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

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

Write in your main OCCUPATION

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

J19. [Card J19] 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 (please specify)..... _____

Section K – About You

Now some more questions about yourself

K1a. [Card K1a] What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education ₁
2. Primary education..... ₂

Second Level

3. Lower Secondary ₃
(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
4. Upper Secondary..... ₄
(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent
5. Technical or Vocational qualification..... ₅
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).

Third Level

6. National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.. ₆
(Non Degree)
7. Primary Degree ₇
(Third Level Bachelor Degree)
8. Professional qualification of Degree status at least (e.g. Chartered Accountant/Surveyor)..... ₈
9. Both a Degree and a Professional qualification ₉
10. Postgraduate Certificate or Diploma..... ₁₀
11. Postgraduate Degree (Masters) ₁₁
12. Doctorate (Ph.D) ₁₂

[INTERVIEWER: ASK K1B ONLY IF K1A IS CODE 3 OR HIGHER]

K1b. In what year did you get this qualification? _____

[INTERVIEWER: ASK K1C ONLY IF K1A IS CODE 5 OR HIGHER]

K1c. What is the name of this qualification?

[INTERVIEWER: Please record as much detail as possible]

[INTERVIEWER: ASK K1D ONLY IF K1A IS CODE 5]

K1d. Did you complete your Upper Secondary education (Leaving Certificate/'A'Levels or equivalent) before gaining this qualification?

- Yes ₁ No ₂

[BLAISE CONDITION: ASK K4 –K6 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 2, NON-RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]

K2. Many people have problems with reading. Can I just check, can you read aloud to a child from a children's story book written in your native language?

- Yes ₁ No..... ₂

K3. Can I just check, can you read aloud to a child from a children's story book written in English?

- Yes ₁ No..... ₂

K4. Can you usually read and fill out forms you might have to deal with in English?

- Yes ₁ No..... ₂

[BLAISE CONDITION: ASK K7 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT TIME 2, NON-RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]

K5. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

- Yes ₁ No..... ₂

K6. Do you belong to any religion?

Yes 1

No 2

K7. [Card K7] 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

K8. Are you a citizen of Ireland?

Yes..... 1

No 2

K9. What citizenship do you hold? _____

[BLAISE CONDITION: ASK K10 – K12 IF NON RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]

K10. Were you born in Ireland?

Yes..... 1

No 2

K11. In which country were you born? _____

K12. 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 |

K13. [Card K13] Looking at card K13, 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

L. Neighbourhood / Community

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

L1. Do you participate in any ongoing community service activity? (e.g. volunteering at a school, coaching a sports team or working with a church or neighbourhood association)?

Yes..... 1 No 2

L2. How do you feel about your neighbourhood as a place for bringing up children?

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Excellent | Good | Average | Poor | Very Poor | 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"/> 6 |

B4 Secondary Caregiver Sensitive Questionnaire

GROWING UP IN IRELAND

STRICTLY CONFIDENTIAL

5-Year Questionnaire – Draft of 20/02/13

Secondary Caregiver – Sensitive Questionnaire

GROUP HHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

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

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

X1. Are you male or female?

Male..... ₁ Female ₂

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

[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT TIME 2 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 3 ASK AS1 – AS3]:

AS1. Can you please tell me why <Person at Wave 2> is no longer resident in the household.

- He/she is deceased ₁
- We separated/divorced ₂
- He/she moved out to set up own household..... ₃
- Long-term absence (e.g. hospital, prison, military service abroad) ₄
- Other (please specify) ₅

AS2. When did <Person from Wave 2> stop living with you: Since what month? _____ mth

AS3. When did <Person from Wave 2> stop living with you: Since what year? [YYYY]

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

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

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

Yes..... ₁ No..... ₂ → Go to S7

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

Domestic ₁

Inter-country ₂

S4. Was this a within family adoption?

Yes ₁ No ₂

S5. From which country?

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

NOW PLEASE GO TO S12

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

Yes..... 1

No..... 2 → Go to S12

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

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

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

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

Another foster family 1

Own family..... 2

Institutional care 3

NOW PLEASE GO TO S12

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

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

Married and living with husband / wife 1 Go to S13a

Married and separated from husband / wife 2 Go to S13b

Divorced 3 Go to S13b

Widowed 4 Go to S13b

Never married (including living with partner) 5 Go to S15

S13a. In what year did you marry your husband / wife? _____ (year) Go to S16

S13b. In what year did you marry your (former) spouse? _____ (year)

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

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

Yes..... 1

No..... 2 Go to S21

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

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

Most days..... 1 → Go to S18

At least once a week..... 2 → Go to S18

Less than once a week..... 3 → Go to S18

Hardly ever..... 4 → Go to S18

Never..... 5 → Go to S19

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

Almost never/ never Not very often Sometimes Often Almost always/ always

a. Shout or yell at each other..... 1..... 2..... 3..... 4..... 5

b. Throw something at each other..... 1..... 2..... 3..... 4..... 5

c. Push, hit or slap each other..... 1..... 2..... 3..... 4..... 5

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

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

a. You discuss or have considered divorce, separation, or terminating your relationship..... 1..... 2..... 3..... 4..... 5..... 6

b. You think that things between you and your partner are going well..... 1..... 2..... 3..... 4..... 5..... 6

c. You confide in your spouse/partner..... 1..... 2..... 3..... 4..... 5..... 6

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



S21. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <child> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
a. I am happy in my role as a parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I enjoy spending time with my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The major source of stress in my life is my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Having a child leaves little time and flexibility in my life..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Having a child has been a financial burden.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. I am satisfied as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S22. Of the following, please choose the ONE item that best describes how you feel about yourself as a parent. Do you feel that you are...

Not very good at being a parent 1

A person who has some trouble being a parent 2

An average parent 3

A better than average parent 4

A very good parent..... 5

[BLAISE CONDITION: ASK S23 ONLY OF FEMALE RESPONDENTS]

S23. Are you currently pregnant? Yes..... 1 No..... 2

S24. Which of the following best describes how often you usually drink alcohol?

1. Never..... 1 **Go to S27**

2. Less than once a month..... 2

3. 1-2 times a month 3

4. 1-2 times a week..... 4

5. 3-4 times a week..... 5

6. 5-6 times a week..... 6

7. Every day 7

If currently drink alcohol between everyday and 1-2 times a week ask:
S25. 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

[BLAISE CONDITION: ASK S26a ONLY OF FEMALE RESPONDENTS]

S26a. 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

[BLAISE CONDITION: ASK S26b ONLY OF MALE RESPONDENTS]

S26b. 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

S26c. 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

S26d. How often during the last year have you failed to do what was expected of you because of drinking?

Never ₁ Less than monthly ₂ Monthly ₃ Weekly ₄ Daily or almost daily ₅

S26e. 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

S27. Do you currently smoke daily, occasionally or not at all?

Daily₁ Occasionally₂ Not at all₃

S28. About how many cigarettes or cigars do you smoke on average each day

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

S29. Including yourself, how many members of the household smoke? ____N

S30. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Yes, regularly ₁ Yes, occasionally....₂ No, not at all.....₃

S31. Since the time of the last interview in [MM/YYYY], have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?

Yes.....₁ No.....₂

S32. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?

Yes.....₁ No.....₂

S33. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

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

S34. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?

Yes.....₁ No.....₂ → Go to S36

S35. Have you ever been to prison? Yes₁ No..... ₂

[BLAISE CONDITION: ASK S36 ONLY IF RESIDENT SPOUSE/PARTNER]

S36. Thinking about how you and your spouse/partner look after the family and house, do you think that you do your fair share of the domestic tasks (e.g. housework, home maintenance, shopping and cooking)?

I do much less than my fair share.....₁ I do more than my fair share₄
 I do less than my fair share.....₂ I do much more than my fair share₅
 I do my fair share₃

[BLAISE CONDITION: ASK S37 ONLY IF RESIDENT SPOUSE/PARTNER]

S37. Do you think that you do your fair share of the child-rearing tasks (both physical and emotional care)?

- I do much less than my fair share ₁ I do more than my fair share ₄
I do less than my fair share ₂ I do much more than my fair share ₅
I do my fair share ₃

S38. Can we check, does <child's> biological father/ mother live here with you or elsewhere?

- Lives here..... ₁ → **Go to S60**
Deceased..... ₂ → **Go to S60**
Temporarily lives elsewhere ₃ → **Go to S60**
Lives elsewhere ₄ → **Go to S39**

S39. Were you ever married to or did you ever live with <child's> biological father / mother?

- Yes, married to... ₁ Yes, lived with... ₂ No ₃ **Go to S41** Adoptive / Foster parent ₄ **Go to S60**

S40. What age was the Study Child when you split or separated from their biological father / mother?

Child's age _____ years

S41. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

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

S42. Briefly describe that arrangement

S43. 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

S44. Is this written or verbal? Written ₁ Verbal ₂

S45. How far does <child's> biological father / mother live from here?

- Within ½ hour's drive from here ₁ More than 1 hour's drive from here ₃
Between ½ and 1 hour's drive from here.. ₂ Outside the country..... ₄

S46a. How often does <child> have face-to-face contact with his / her biological father / mother?

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

S46b. How often does <child> have other contact (not face-to-face)with his / her biological father / mother?

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

S47. On average, how often does <child> stay over or spend the night with his / her biological father / mother?

- 4 or more nights per week ₁ Monthly ₅
1 – 3 nights per week..... ₂ Less than once a month ₆
Fortnightly ₃ Never ₇

S48. Some children have trouble adjusting when they move from one parent to another. When child first returns from contact with his / her biological father / mother, which of the following best describes how he/she typically behaves.

- Over-excited and hard to settle for a long period (more than a few hours) 1
- Over-excited and hard to settle for a short period 2
- Relaxed and comfortable 3
- Withdrawn, sad or restless for a short period 4
- Withdrawn, sad or restless for a long period (more than a few hours) 5

S49. When child is about to leave to spend time with his / her biological father / mother, is he/she sad or distressed?

- Yes - a little .. 1 Yes – somewhat..... 2 Yes – very..... 3 No..... 4 Don't know 5

S50. Does <child's> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

- No, he/she never makes any payment 1
- Yes, he/she makes a regular payment 2
- Yes, he/she makes payments as required..... 3

S51. How often do you talk to <child's> biological father/ mother about <child>?

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Every day | Several times a week | About once a week | A few times a month | Several times a year | Never |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S52. How often do you disagree with <child's> biological father / mother about basic child-rearing issues?

- | | |
|---|---|
| Never/Almost never <input type="checkbox"/> 1 | Often <input type="checkbox"/> 4 |
| Rarely..... <input type="checkbox"/> 2 | Always/Almost always <input type="checkbox"/> 5 |
| Sometimes <input type="checkbox"/> 3 | Don't discuss <input type="checkbox"/> 6 |

S53. When you make major decisions about <child>, like medical treatment or choice of child care, how often do you ask <child's> biological father / mother for his/her views?

- | | |
|---|---|
| Never/Almost never <input type="checkbox"/> 1 | Often <input type="checkbox"/> 4 |
| Rarely..... <input type="checkbox"/> 2 | Always/Almost always <input type="checkbox"/> 5 |
| Sometimes <input type="checkbox"/> 3 | Don't discuss <input type="checkbox"/> 6 |

S54. How involved do you think <child's> biological father / mother should be in <child's> life?

- | | |
|--|--|
| A lot more involved <input type="checkbox"/> 1 | A little less involved..... <input type="checkbox"/> 4 |
| A little more involved..... <input type="checkbox"/> 2 | Much less involved..... <input type="checkbox"/> 5 |
| Level of involvement is about right <input type="checkbox"/> 3 | |

S55. How often does <child's> biological father / mother do any of these additional things:

- | | Often | Sometimes | Rarely | Never |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Buy clothes, toys or presents for child | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Pay for child's medical or dental bills, health insurance or medicines..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Give you extra money to help out, like pay the rent, household bills or car repairs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Look after child when you need to do other things such as working, studying or attending appointments..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

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

- | | | | | |
|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| Very positive | Positive | Neither positive nor negative | Somewhat negative | Very negative |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S57. Does <child's> biological father / mother have any other children living with him/her at the moment?

Yes ₁

No.....₂

S58. How many of these are:

N

Full brothers / sisters of the Study Child _____

Half brothers / sisters of the Study Child _____

Other children (not related to Study Child)

S59. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?

Yes ₁

No, I do not wish other parent to be contacted ₂

No, I do not have contact details for other parent ₃



Please give contact details

S60. THANK YOU VERY MUCH FOR TAKING PART IN THE *GROWING UP IN IRELAND* STUDY.

B5 Primary Caregiver Twin Questionnaire

GROWING UP IN IRELAND STRICTLY CONFIDENTIAL

5-YEAR QUESTIONNAIRE – Draft of 20/02/13

PRIMARY CAREGIVER TWIN QUESTIONNAIRE

GROUP HHOLD RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

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

The Department of 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 Skills is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.

Section A - Introduction

Child's Name: _____

[Interviewer: please record, height and weight of the Study Twin below:]

Height: _____ cms

Weight: _____ kgs

1. Can the following people usually tell the twins apart?

	Always/most of the time	Sometimes	Never/hardly ever
a. You.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Other family members.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Other people.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

2a. Have you had any other **multiple** births, since the twins were born ? Yes 1 No 2

2b. _____ number of other children in multiple births

3. Compared to typical siblings of a similar age, would you say that the twins' relationship is?
[INTERVIEWER: Read out answer categories]

Much closer	Somewhat closer	About the same	Somewhat more distant	Much more distant
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Section B - Child's Sleep and Relationships

I'd now like to ask you a few questions about <child's> habits and routines.

B1a. On a normal day, what time in the evening does <child> usually go to bed? _____ (24 hour clock)

B1b. On a normal day, what time does <child> wake up at in the morning? _____ (24 hour clock)

B2. On a normal day how many hours would the <child> sleep during the day _____ hours _____ mins
[INT: IF NONE THEN ENTER '0' FOR BOTH HOURS AND MINUTES]

B3. How much is <child's> sleeping pattern or habits a problem for you? Would you say... [INT: READ OUT]

A large problem	A moderate problem	A small problem	No problem at all
□ ₁	□ ₂	□ ₃	□ ₄

B4a. How often does <child> take comfort from a special blanket or toy during the daytime?

Most of the time □₁ Sometimes □₂ Never..... □₃

B4b. How often does <child> take comfort from a special blanket or toy during the nighttime?

Most of the time □₁ Sometimes □₂ Never..... □₃

B5a. How often does <child> suck a soother during the daytime?

Most of the time □₁ Sometimes □₂ Never..... □₃

B5b. How often does <child> suck a soother during the nighttime?

Most of the time □₁ Sometimes □₂ Never..... □₃

B6a. How often does <child> suck their thumb/finger(s) during the daytime?

Most of the time □₁ Sometimes □₂ Never..... □₃

B6b. How often does <child> suck their thumb/finger(s) during the nighttime?

Most of the time □₁ Sometimes □₂ Never..... □₃

B7. [CARD B7] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Does not really apply	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
b. My child and I always seem to be struggling with each other	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
c. If upset, my child will seek comfort from me.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
d. My child is uncomfortable with physical affection or touch from me....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
e. My child values his/her relationship with me	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
f. When I praise my child he/she beams with pride	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
g. My child spontaneously shares information about his/herself.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
h. My child easily becomes angry at me.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
i. It is easy to be in tune with what my child is feeling	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
j. My child remains angry or is resistant after being disciplined	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
k. Dealing with my child drains my energy	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
l. When my child is in a bad mood I know we're in for a long and difficult day.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
m. My child's feelings toward me can be unpredictable or can change suddenly.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
n. My child is sneaky or manipulative with me.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
o. My child openly shares his/her feelings and experiences with me.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅

B8. [CARD B8] How often do you do the following when <child> misbehaves?

	Never	Rarely	Now and again	Regularly	Always	Can't say
a. Discuss/Explain why behaviour was wrong....	<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. Ignore him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Smack him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Shout or yell at him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Send him/her out of the room or to his/her bedroom or naughty step.....	<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. Take away treats.....	<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. Tell him/her off.....	<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. Bribe him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Section C - Child's physical health and development

Now I'd like to ask you a few questions about <child's> health

C1. [CARD C1] In general, how would you describe <child's> current health?

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

C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?

Yes 1 No..... 2 → **Go to C5**

C3. [CARD C3] What longstanding illness, condition or disability does <child> have? [INT – code for up to 3 illnesses]

a. Asthma.....	<input type="checkbox"/> 1
b. Cystic Fibrosis.....	<input type="checkbox"/> 2
c. Heart abnormalities.....	<input type="checkbox"/> 3
d. Eczema or any kind of skin allergy.....	<input type="checkbox"/> 4
e. Any kind of respiratory allergy (including hayfever).....	<input type="checkbox"/> 5
f. Any kind of food or digestive allergy or food intolerance.....	<input type="checkbox"/> 6
g. Problem with non-food allergies, such as to dust, animals or medicine.....	<input type="checkbox"/> 7
h. Bone, joint or muscle problems.....	<input type="checkbox"/> 8
i. A problem using his/her arms or legs.....	<input type="checkbox"/> 9
j. A problem using his/her hands or fingers.....	<input type="checkbox"/> 10
k. Hyperactivity/Problems with attention ADD / ADHD.....	<input type="checkbox"/> 11
l. Severe behavioural problems.....	<input type="checkbox"/> 12
m. Diabetes.....	<input type="checkbox"/> 13
n. Kidney disease.....	<input type="checkbox"/> 14
o. Migrainous headaches.....	<input type="checkbox"/> 15
p. Epilepsy or seizures.....	<input type="checkbox"/> 16
q. Down syndrome.....	<input type="checkbox"/> 16
r. Spina bifida/hydrocephalis.....	<input type="checkbox"/> 16
s. Cerebral palsy.....	<input type="checkbox"/> 16
t. Autism Spectrum Disorder.....	<input type="checkbox"/> 17
u. Other (please specify).....	<input type="checkbox"/> 18

[INT – CODE FOR UP TO 3 ILLNESSES] C3_1. Has this illness, condition or disability been diagnosed by a medical professional?

Yes 1 No..... 2

C3_2. Since when has <child> had this illness, condition or disability? _____ year

C3_3. Since when has <child> had this illness, condition or disability? _____ month

C4. Do any of these illnesses hamper <child> in his/her daily activities?

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

C3f_4. To which food or foods. Please specify all types of food to which <child> has a food or digestive allergy or food intolerance

Food 1: _____ Food 2: _____ Food 3: _____

C5a. In the past 12 months has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes ₁ No..... ₂

C5b. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? _____ N

C6. In the past 12 months has your child been prescribed the following specifically for this wheezing with whistling on his/her chest?

	Yes	No
a) An inhaler	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Antibiotics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) A nebuliser	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

C7. Can you tell me whether <child> has received the following vaccinations:

(a) the '4-in-1' vaccination (diphtheria, tetanus, pertussis and polio)

Yes..... ₁ No..... ₂ Don't Know/Never heard of it..... ₃

(b) the 'MMR' vaccination (Measles/Mumps/Rubella) after he/she started school at 4-5 years

Yes..... ₁ No..... ₂ Don't Know/Never heard of it..... ₃

C8. [CARD C8] In the past 12 months, how many times have you seen or talked on the telephone with any of the following about <child's> physical or emotional health? [INT: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]

- a. A general practitioner (GP) _____ N
- b. A paediatrician / consultant / hospital doctor _____ N
- c. A public health nurse _____ N
- d. A practice nurse (i.e. a nurse in a GP's surgery/clinic)... _____ N
- e. A psychiatrist/psychologist..... _____ N
- f. Accident and Emergency..... _____ N
- g. A social worker..... _____ N
- h. A speech therapist..... _____ N
- i. Other medical professional (please specify)..... _____ N

C9a. Has <child> received a course of antibiotics in the past 12 months?

Yes ₁ No..... ₂

C9b. In total, how many courses of antibiotics has <child> received in the past 12 months? _____ N

C10. Since the time of the last interview in MM/YY, approximately how many nights has <child> spent in hospital? _____ nights

[INT: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']

C11. Most children have accidents at some time. Has child ever had an accident or injury for which <pronoun> has been taken to the doctor, health centre or hospital?

Yes ₁ No ₂

C12. How many separate accidents has <child> ever had? _____ accidents

C13. [CARD C13] Thinking about the MOST RECENT (or only) accident or injury, what sort of accident or injury was it?

- Loss of consciousness / knocked out ₁
- Bang on the head / injury to head without being knocked out ₂
- Broken bone or fracture ₃
- Near drowning ₄
- Swallowed household cleaner / other poison / pills ₅
- Swallowed object ₆
- Cut needing stitches or glue ₇
- Injury to mouth or tooth ₈
- Burn or scald ₉
- Other (please specify) _____ ₁₀

C14. What age was <child> when this MOST RECENT (or only) accident or injury happened?

_____ Years _____ Months

C15a. Did <child> go to the hospital? Yes ₁ No ₂

C15b. Was this to Casualty / Accident and Emergency only or was he/she admitted to a hospital ward?

- Casualty / Accident and Emergency only ₁
- Admitted to a Hospital Ward ₂

C16. Where did this accident happen?

- In your home ₁
- A friend's, neighbour's or relative's house ₂
- In childcare – childminder's house or creche/preschool ₃
- In school ₄
- Outside in your local neighbourhood ₅
- Outside, somewhere else – not in your local neighbourhood ₆
- Other (please specify) _____ ₇

C17. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction? [INTERVIEWER: Explain that 'correction' includes being prescribed glasses]

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

C18a. Does <child> currently have, or at any time in the past had, any sort of hearing problem requiring correction?

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

C18b. Has <child> ever had grommets inserted in his / her eardrums?

Yes ₁ No ₂

C18c. When? Month _____ Year _____

C19. [CARD C19] Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it because: [INT: READ OUT]

- | | Yes | No |
|--|---------------------------------------|---------------------------------------|
| a. You couldn't afford to pay | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. The necessary medical care wasn't available or accessible to you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. You could not take time off work to visit the doctor with <child> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. You wanted to wait and see if the problem got better | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Child refused / fear of doctor | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Child is still on the waiting list | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Other (please specify) _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

C20a. Is <child> currently on a waiting list for any type of medical assessment or treatment?

Yes ₁ No ₂

C20b. Please specify _____

C21. Do you have any concerns about how <child> talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No..... ₁ Yes, a little..... ₂ Yes, a lot ₃ Don't know..... ₄

C22. [CARD C22] In which areas does child have difficulties? What speech problems does <child> have?

	Yes	No		Yes	No
a. Reluctant to speak.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	g. Voice sounds unusual.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Speech not clear to the family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	h. Stutters, stammers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Speech not clear to others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	i. Lisp or difficulty pronouncing certain letter combinations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Speech is developing slowly.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	j. Other (please specify).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Difficulty finding words	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			
f. Difficulty putting words together.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			

C23. Has <child> received any treatment for his/her speech or language problem?

Yes ₁ No..... ₂

C24. Has <child> been to visit the dentist because of a problem with his/her teeth?

Yes..... ₁ No..... ₂

C25a. Was there any time during the past 12 months when <child> really needed to consult a dentist but did not?

Yes..... ₁ No..... ₂

C25b. Was this because you could not afford it, or some other reason?

Could not afford it..... ₁ Other reason..... ₂

C26. [CARD C26] I would like you to tell me about your child's diet and the types of food <pronoun> does and doesn't eat. Looking at the card, please tell me how often, on average, your child eats these foods.

	Never	Less than once a month	At least once a month	At least once a week	Most days	Once a day	2-3 per day	4-5 per day	6+ per day
a. Ready to eat breakfast cereals .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
b. Other breakfast cereals									
e.g. porridge	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
c. White bread and rolls	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
d. Wholemeal, brown bread and rolls	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
e. Other breads e.g. scones, croissants.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
f. Savoury breads, e.g. pizza.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
g. Rice, pasta, noodles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
h. Cakes, pastries, buns.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
i. Biscuits - any	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
j. Chocolate or confectionery	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
k. Other sweets.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
l. Ice cream or ice lollies	<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
m. Puddings & chilled desserts	<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
n. Yoghurt (flavoured or plain but not fromage frais)	<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
o. Fromage frais (e.g. Petit Filous)	<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
p. Cheese or cheese spread	<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
q. Milk (cow's)	<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

r.Eggs (include in home cooking)	<input type="checkbox"/>								
s.Fruit squash (tropical fruit, lemon barley, etc)	<input type="checkbox"/>								
t.Fruit juice (not squash)	<input type="checkbox"/>								
u.Blackcurrant only drinks	<input type="checkbox"/>								
v.Fizzy drinks (not mineral water, sugar-free or diet)	<input type="checkbox"/>								
w.Baked beans - canned	<input type="checkbox"/>								
x.Peas, in any form	<input type="checkbox"/>								
y.Leafy green vegetables e.g. spinach, cabbage	<input type="checkbox"/>								
z.Other green vegetables e.g. green beans, broccoli	<input type="checkbox"/>								
aa.Chips, fried potatoes (e.g. waffles etc)	<input type="checkbox"/>								
ab.Other potatoes	<input type="checkbox"/>								
ac.Carrots	<input type="checkbox"/>								
ad.Other root vegetables apart from carrots and potatoes e.g. parsnips, turnips	<input type="checkbox"/>								
ae.Mushrooms	<input type="checkbox"/>								
af.Apples or pears (fresh)	<input type="checkbox"/>								
ag.Soft fruits (e.g. peaches, nectarines, grapes)	<input type="checkbox"/>								
ah.Citrus fruits (e.g. orange, tangerines, satsumas)	<input type="checkbox"/>								
ai.Bananas	<input type="checkbox"/>								
aj.Cucumber	<input type="checkbox"/>								
ak.Fresh tomatoes	<input type="checkbox"/>								
al.Salad (e.g. lettuce)	<input type="checkbox"/>								
am.Butter	<input type="checkbox"/>								
an.Low fat spread	<input type="checkbox"/>								
ao.Other spreads	<input type="checkbox"/>								
ap.Oils (e.g. vegetable, olive sunflower)	<input type="checkbox"/>								
aq.Fish or shellfish including fish fingers	<input type="checkbox"/>								
ar.Sausage, frankfurters	<input type="checkbox"/>								
as.Liver (but not liver products e.g. pâté)	<input type="checkbox"/>								
at.Beef, e.g. roast, steak, in stews	<input type="checkbox"/>								
au.Beef, e.g. minced, burgers	<input type="checkbox"/>								
av.Lamb, e.g. roast, steak, in stews	<input type="checkbox"/>								
aw.Pork, e.g. as a roast or chops in stir fries etc	<input type="checkbox"/>								
ax.Bacon, rashers, ham	<input type="checkbox"/>								
ay.Chicken and poultry, e.g. as a roast, in casseroles	<input type="checkbox"/>								
az.Chicken and poultry, e.g. as nuggets or breaded chicken	<input type="checkbox"/>								
ba.Crisps or other packet snacks	<input type="checkbox"/>								

C27. [CARD C27] Which of these best describes <child's> weight?

[INTERVIEWER: Ask the respondent to use codes 1-4 as on the card if child is present at time of interview]

Underweight	<input type="checkbox"/>
Normal weight	<input type="checkbox"/>
Somewhat overweight	<input type="checkbox"/>
Very overweight	<input type="checkbox"/>

C28. Is <child> right or left-handed? Right-handed₁ Left-handed.....₂ Don't know₃

C29. [CARD C29] How often would you say <child>.....

	Never	Seldom	Often	Almost always
a.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
n.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
o.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
p.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
q.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
r.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
s.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
t.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
u.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
v.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
w.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
x.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
y.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
z.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Section E - Child's play, activities and temperament

The next section is about activities you may carry out with <child>.

E1. [CARD E1] Look at the card, for each statement, please indicate the answer that best describes the <child's> behaviour at the present time.

	Almost Never	Not Often	Variable, usually does not	Variable, usually does	Frequently	Almost always
a. This child is shy with strange adults	<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. When this child starts a project such as a puzzle or model, he/she works on it without stopping until it is completed, even if it takes a long 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. If this child wants a toy or sweet while shopping, he/she will easily accept something else instead	<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. This child is shy when first meeting new children	<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. This child likes to complete one task or activity before going onto the next	<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. When this child is angry about something, it is difficult to sidetrack him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
g. When in a park or visiting, this child will go up to strange children and join in their play	<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. This child stays with an activity (e.g. puzzle, construction kit, reading) for a long 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

- i. When shopping together, if I do not buy what this child wants (e.g. sweets, clothing), he/she cries and yells 1 2 3 4 5 6
- j. When unknown adults visit our home, this child immediately friendly and approaches them 1 2 3 4 5 6
- k. If this child is upset, it is hard to comfort him/her 1 2 3 4 5 6
- l. When a toy or game becomes difficult, this child quickly turns to another activity 1 2 3 4 5 6

E2. Overall, compared to other children of the same age, do you think <child> is... [INT: READ OUT]

- Easier than average 1
- About average 2
- More difficult than average 3

E3a. [CARD E3a] How often would you do any of the following with <child>?

	Never	Hardly ever	Occasionally	One or two times a week	Everyday	N/A
a. Play with <child> using toys or games / puzzles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
b. Play computer games with <child>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
c. Visit the library	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
d. Listen to <child> read	<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. Read to <child>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
f. Use computer with <child> in educational ways	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
g. Sport or physical activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
h. Go on educational visits outside home such as museums, farms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
i. Go shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

E3b. [CARD E3b] Does <child> do any of the following at home?

	Never	Hardly ever	Occasionally	One or two times a week	Everyday
a. Plays on computer, tablet device (eg iPad) or smartphone (e.g. iPhone) by themselves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Plays "make believe" or pretend games	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Paints, draws or makes models	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Enjoys dance, music, movement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E4. [CARD E4] In the past month, has <child> done any of these things with you or another family member?

	Yes	No
a. Gone to a movie	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Gone to a sporting event in which the child was not a player	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Gone to a concert, play, museum, art gallery, community or school event	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Attended a religious service, church, temple, synagogue or mosque	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Visited a library	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Swimming	<input type="checkbox"/> 1	<input type="checkbox"/> 2

E5. [CARD E5] Does <child> attend a sports club or sports group

- Never 1
- Twice a month 2
- Regularly, one hour per week 3
- Regularly, two hours per week 4
- Regularly, more than two hours per week 5
- Don't know 6

E6. Looking at Card E6, can you tell me how often <child>

	Never	Less than once per week	1-2 times per week	3-6 times per week	Every day	Don't know
a) Climbs on trees, climbing frame, wall bars 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
b) Plays with a ball	<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) Plays chasing	<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) Rides a bike, tricycle or scooter	<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) Skates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

E7. About how many children's books does <child> have access to in your home now, including any library books? Would you estimate... [INT: READ OUT]

None.....1 21 to 30.....4
 Less than 102 More than 30.....5
 10 to 203

E8a. I would like you to think about all the time <child> spends on an average weekday looking at the TV, videos, dvds, computer, Ipad, smart phones, electronic games system. We are talking here about the amount of time <child> spends in front of any 'screen' (computer or TV or game) in an average weekday. How much time would <child> spend on this type of 'screen time' on an average weekday?

None1 1-less than 2 hours.....2 2- less than 3 hours ...3 3 or more hours4

E8b. What does <child> MOSTLY do on that 'screen time'? Is s/he usually:

Playing educational games1
 Playing other games.....2
 Watching movies, videos, other TV.....3
 Doing a mixture of all types of activities.....4

E9. Does your child ever access the internet using a computer, tablet, smartphone or game system (e.g. Xbox) at home?

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

E10. Is <child> supervised by you or another adult when he/she accesses the internet?

Always.....1 Sometimes2 Never3

Section F - Child's Functioning and relationships

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

F1. [CARD F1] Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child's behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

	Not True	Somewhat True	Certainly True
a. Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Often has temper tantrums or hot tempers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Generally obedient, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Many worries, often seems worried.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Has at least one good friend.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Often fights with other children or bullies them.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Often unhappy, down-hearted or tearful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
p. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
q. Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
r. Often lies or cheats.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
s. Picked on or bullied by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
t. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
u. Thinks things out before acting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
v. Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
w. Gets on better with adults than with other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
x. Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
y. Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

F2. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes, minor difficulties	Yes, definite difficulties	Yes, severe difficulties
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....

F3. How long have these difficulties been present?

Less than a month 1 1 -5 months 2 6-12 months 3 Over a year 4

F4. Do the difficulties upset or distress your child?

Not at all 1 Only a little 2 Quite a lot 3 A great deal 4

F5. Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
a. Home life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Friendships.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Classroom learning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Leisure activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

F6. Do the difficulties put a burden on you or the family as a whole?

Not at all 1 Only a little 2 Quite a lot 3 A great deal 4

F7. Does <child> have any brothers or sisters?

Yes 1 No 2

F8. [CARD F8] In general, how well does <child> get on with his/her siblings?

Gets on well with his/her siblings 1
 Mixed 2
 Does not get on well with his/her siblings 3
 Does not see them 4

Section G – School / Childcare / Preschool

G1. Has <child> started Junior Infants in primary school?

Note that the Early Start Programme is counted as preschool (not primary school). The Early Start Programme provides preschool places for 3 and 4 year olds in a small number of primary schools around the country.

Yes 1 GO TO SECTION G1, QUESTION G2
 No 2 GO TO SECTION G2, QUESTION G35
 Child is homeschooled 2 GO TO SECTION G1, QUESTION G20

Section G1 – Child has started school

Subsection A – School details, school choice and transition to school

Now I'd like to ask you some questions on school details, school choice and transition to school

G2. When did he/she start Junior Infants in primary school? _____ month _____ year

G3. What school is <child> currently attending? Please give the full name and address as exactly as possible

Name of school: _____

Address 1: _____

Address 2: _____

Address 3: _____

Address 4: _____

County: _____

G4. And (can I just check) is it a single sex or mixed school?

Single sex₁ Mixed sex₂ Mixed sex Juniors, Single sex Seniors ₃

G5. What class (or year) is <child> currently in?

[INTERVIEWER: If interview is in July / August please enter the class <child> has just completed]

Junior Infants₁
 Senior Infants₂
 First class₃
 Other (please specify)₄

G6. When did you register or enroll Study Child with the school?

_____ month _____ year

G7a. Had you registered or enrolled <child> in other primary schools?

Yes₁ **G7b. How many?** _____
 No₂

G8. Does <child> have any older brothers or sisters in the school they are attending?

Yes₁ No₂

The next few questions are about the time when you were deciding to enroll <child> at a primary school.

G9. [CARD G9] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources?

	Yes	No
a. Primary school staff	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Preschool staff (e.g. nursery or playgroup staff).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Other parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Your siblings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. School website.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Other (please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

G10. Did you have a choice about which school <child> would go to? Yes ₁ No ₂

[CARD G10] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school

	Very important	Somewhat important	Not very important	Not at all important
a. It's the local school or nearest to home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. His/her friends go or were intending to go there.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. His/her brother/sister went/go there	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. General good impression of school/good reputation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. The ethos of the school in terms of religion or beliefs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. The gender mix of the school (co-educational/single sex)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Language of instruction used in the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Other reason (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

G11. [CARD G11] Did you do any of the things on this card to get <child> ready for starting school?

	Yes	No
a. You attended an information meeting arranged by the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. You decided to visit the school before the Study Child started	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Sought advice from friends, neighbours and/or family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Practised reading, writing or numbers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Talked to the Study Child about school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Something else (Please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

G12. [CARD G12] I am going to read out a series of statements about how you felt about Study Child starting school, please tell me how much you agree or disagree with each statement.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I felt that <child> was able to mix with other children well enough to get along at primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I believe that <child> understood enough about taking turns and sharing to manage at primary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. <Child> could go to the toilet on his/her own before starting primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I felt that <child> had the pre-reading and writing skills necessary to start school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I was worried that <child> would find being apart from me too difficult.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. I was concerned that <child> would be reluctant to go to primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. I was worried that <child> was not independent enough to cope with primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G13. How often would you or your spouse / partner usually speak in person to <child's> teacher?

Daily1 Weekly2 Monthly3 Less often4

G14. [CARD G14] Children sometimes have problems adjusting to primary school. On average, since <child> has started primary school...

	More than once a week	Once a week or less	Not at all
a. How often has <child> complained about school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. How often has <child> said good things about school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. How often has <child> looked forward to going to school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. How often has <child> been upset or reluctant to go to school?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

The next few questions are about how you think <child> is getting on at school.

G15a. How do you feel about the pace of learning at school for Study Child? Do you feel it is...

[INT: Read out]

Too fast for <child>1
 Just right for <child>.....2
 Too slow for <child>.....3

G15b. And which of these statements best describes how <child>is finding his/her school work?

[INT: Read out]

<Child>usually finds school work hard1
 <Child>sometimes finds school work hard2
 <Child>never finds school work hard.....3

G16. How confident are you that you know what your child is learning or doing in school?

Very confident1 Somewhat confident 2 Not very confident ...3 Not at all confident 4

G17. [CARD G17] How is information communicated to you from the school?

	Yes	No
a. Chatting informally with teacher	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Parent-teacher meeting / other formal meeting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Newsletter.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Written report.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Phone call.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Text message	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Letter or note with the child or in his / her journal.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. What child tells me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. School's website or blog.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

G18. [CARD G18] Can you tell me how much you agree or disagree with these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
a.<Child> finds it hard to sit still and listen in class	<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.<Child's > teacher knows him/her well and gives him/her just the support he/she needs	<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.<Child> was happier with the way he/she learned things in preschool/nursery	<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.<Child> has adjusted easily to the way they do things in school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

G19. Who usually minds <child> if he/she is too sick to attend school?

[Interviewer: Read out answer categories]

Mother1 Father2 Parents take turns3 Grandparents4
 Other relative5 Friend/ Neighbour6 Childminder7 Other (please specify)8

Subsection B – Term-time out of school care for those who have started school

Now I'd like to ask you some questions about childcare arrangements for Study Child after school during the school term

G20. Is <child> minded by someone other than you or your resident spouse / partner on a regular basis after school, during the school year (between September and June)?

Yes1 No2 Go to G28

G21. (a) [Card G21] Who minds <child> on a regular basis each week after school?

- (b) number of days per week <child> spends in each type of childcare
 (c) number of hours per week <child> spends in each type of childcare
 (d) how much you pay for this childcare for <child> per week
 (e) whether this is your main type of childcare

	[Tick all that apply]	Number of days	Number of hours	Cost per week	Main type of care
a. A relative in your home	<input type="checkbox"/> 1 Go to G22a	_____ N	_____ N	€ _____	<input type="checkbox"/>
b. A non-relative in your home.....	<input type="checkbox"/> 2 Go to G23a	_____ N	_____ N	€ _____	<input type="checkbox"/>
c. A relative in their home.....	<input type="checkbox"/> 3 Go to G22b	_____ N	_____ N	€ _____	<input type="checkbox"/>
d. A non-relative in their home.....	<input type="checkbox"/> 4 Go to G23b	_____ N	_____ N	€ _____	<input type="checkbox"/>
e. After School Service within School	<input type="checkbox"/> 5	_____ N	_____ N	€ _____	<input type="checkbox"/>
f. Other After School Service (e.g. in creche, community centre etc)	<input type="checkbox"/> 6	_____ N	_____ N	€ _____	<input type="checkbox"/>
g. Other (please specify)	<input type="checkbox"/> 7	_____ N	_____ N	€ _____	<input type="checkbox"/>

If more than one child in childcare arrangement, take the average cost per child

G22a. [CARD G22] Please specify how this person is related to <child>

- Grandmother of <child>.....1
- Grandfather of <child>.....2
- Aunt /Uncle of <child>3
- Brother / Sister of <child>.....4
- Non-resident Parent5
- Cousin of <child>.....6
- Other relative7

G22b. [CARD G22] Please specify how this person is related to <child>

- Grandmother of <child>.....1
- Grandfather of <child>.....2
- Aunt /Uncle of <child>3
- Brother / Sister of <child>.....4
- Non-resident Parent5
- Cousin of <child>.....6
- Other relative7

G23a. [CARD G23a] Which of the following best describes that person?

- Au pair / Nanny (live in).....1
- Friend / Neighbour2
- Childminder3
- Other4

G23b. [CARD G23b] Which of the following best describes that person?

- Friend / Neighbour.....1
- Childminder2
- Other.....3

G24. What age was <child> when you started to use the main childcare arrangement? _____ years _____ months

[INT: IF ANSWER AT G21 IS (A) OR (B) PLEASE GO TO G26]

G25a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?

_____ number of children

G25b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?

_____ number of adults

G26. [CARD G26] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

How often do the following statements describe your experience?

	Never	Rarely	Sometimes	Often	Always
a. There are lots of creative activities going on.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. It's an interesting place for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. There are plenty of toys, books, pictures, and music for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. In care, my child has many natural learning experiences.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The caregiver provides activities that are just right for my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My child gets a lot of individual attention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. My child likes the caregiver	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G27. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...

[INT:Read out]

Very easy .. 1 Easy ... 2 Neither easy nor difficult 3 Difficult 4 Or very difficult... 5 Don't pay 6

Subsection C – Attendance at Preschool prior to starting school

Now I'd like to ask you some questions about attendance at preschool prior to starting school

Children aged between 3 years 3 months and 4 years 6 months on the 1st of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

G28. Did you avail of the free preschool year for the Study Child?

Yes 1 No 2 Never heard of it..... 3

G28b. Why not? _____

G28c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?

Yes, would have sent him/her anyway 1 No, wouldn't have been able to send him / her 2

G29. How best would you describe the setting in which the free preschool year was made available:

- Preschool 1
- Naionra..... 2
- Montessori..... 3
- Creche..... 5
- Playgroup..... 5
- Other group care setting (please specify) _____ 6

G30a. What age was <child> when he/she first attended Free Preschool Year? Age: _____ years _____ months

G30b. What age was <child> when he/she finished attending this Free Preschool Year? Age: _____ years _____ months

G31a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?

Only 3 hours per day 1 Topped up with more hours 2

G31b. How many additional hours in this same preschool setting per week? _____ hours

G31c. How much did you pay per week in total for these additional hours? _____ euros

G32. [CARD G32] The next questions are about <child>'s preschool. Please read each statement and indicate how characteristic each statement was of the preschool.

How often did the following statements describe your experience

	Never	Rarely	Sometimes	Often	Always
a. There were lots of creative activities going on.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. It was an interesting place for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. There were plenty of toys, books, pictures, and music for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. In care, my child had many natural learning experiences.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The caregiver provided activities that are just right for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My child felt safe and secure in care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. The caregiver was warm and affectionate toward my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. It was a healthy place for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. My child was treated with respect.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. My child was safe with this caregiver	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. My child got a lot of individual attention.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. My caregiver and I shared information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. My caregiver was open to new information and learning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. My caregiver showed she (he) knew a lot about children and their needs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. The caregiver handled discipline matters easily without being harsh	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
p. My child liked the caregiver	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
q. My caregiver was supportive of me as a parent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
r. My caregiver was happy to see my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G33. How confident were you that you knew what your child was learning or doing in preschool?

Very confident1 Somewhat confident 2 Not very confident3 Not at all confident 4

G34. Who usually minded <child> if he/she was too sick to attend preschool?

[Interviewer: Read out answer categories]

Mother1 Father2 Parents take turns3 Grandparents.....4
 Other relative5 Friend/ Neighbour6 Childminder7 Other (please specify)8

Section G2 – Child has not started school

Subsection A. Reasons for not starting school yet and preparations for starting school

G35. [CARD 35] When thinking about why you chose not to send <child> to primary school yet, how important were each of the following factors?

	Very important	Somewhat important	Not very important	Not at all important
a. I thought <child> was too young.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I didn't think <child> was ready to start school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Not able to due to <child> health problem/disability.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. <Child> has problems with his/her speech or language development	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Preschool/School advised deferring entry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Someone else advised deferring entry(Please specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Something else (Please specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

G36. Have you decided yet which school <child> will attend?

Yes ₁

No ₂

As you know, we would like to approach the schools being attended by the children in *Growing Up in Ireland* from next September so someone from Head Office will be in touch with you in August when things should be clearer for you in terms of which school <child> will be attending.

G37. Please record full name and address of the school <child> will attend.

Name of school: _____

Address 1: _____

Address 2: _____

Address 3: _____

Address 4: _____

County: _____

G38. When will <child> start school? Which month and year?

_____ month _____ year Haven't decided yet .. ₁

G39. When did you register or enroll Study Child with the school?

_____ month _____ year

G40. Does <child> have any older brothers or sisters in the school they will attend?

Yes ₁ No ₂

G41a. Have you registered or enrolled <child> in other primary schools?

Yes ₁ G41b. How many? _____
No ₂

The next few questions are about the time when you were deciding to enroll <child> at a primary school.

G42. [CARD G42] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources? Please tick all that apply

- a. Primary school staff ₁
- b. Preschool staff (e.g. nursery or playgroup staff)..... ₂
- c. Friends ₃
- d. Other parents ₄
- e. Your siblings ₅
- f. School Website ₇
- g. Other (specify) ₈

G43. Did you have a choice about which school <child> would go to? Yes ₁ No ₂

G44. [CARD G44] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school

	Very important	Somewhat important	Not very important	Not at all important
a. It's the local school or nearest to home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. His/her friends go or were intending to go there.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. His/her brother/sister went/go there	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. General good impression of school/good reputation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. The ethos of the school in terms of religion or beliefs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. The gender mix of the school (co-educational / single sex)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Language of instruction used in the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Other reason (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

G45. [CARD G45] Are you doing or do you plan to do any of the things on this card to get <child> ready for starting school?

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a. Attend an information meeting arranged by the school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Visit the school before the Study Child starts | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Seek advice from friends, neighbours and/or family | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Practice reading, writing or numbers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Talk to the Study Child about school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Something else (Please specify) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

G46. [CARD G46] I am going to read out a series of statements about how you feel about Study Child starting school, please tell me how much you agree or disagree with each statement.

- | | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. I feel that <child> will be able to mix with other children well enough to get along at primary school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. I believe that <child> understands enough about taking turns and sharing to manage at primary school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. <Child> can go to the toilet on his/her own before starting primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. I feel that <child> has the pre-reading and writing skills necessary to start school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e. I am worried that <child> will find being apart from me too difficult..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| f. I am concerned that <child> will be reluctant to go to primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| g. I am worried that <child> is not independent enough to cope with primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Subsection B Attendance at Preschool – Child NOT at school

Children aged between 3 years 3 months and 4 years 6 months on the 1st of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

G47a. Have you availed of the Free Preschool Year for the Study Child?

- Yes ₁ No ₂ GO TO G55 Never heard of it ₃ GO TO G55

G47b. Why not? _____

G47c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?

- Yes, would have sent him/her anyway ₁ No, wouldn't have been able to send him / her ₂

G48. How best would you describe the setting in which the free preschool year was made available:

- Preschool ₁
 Naionra..... ₂
 Montessori..... ₃
 Creche..... ₄
 Playgroup ₅
 Other group care setting (please specify) _____ ₆

G49a. What age was <child> when he/she first attended Free Preschool Year? Age: _____ years _____ months

G49b. What age was <child> when he/she finished attending this Free Preschool Year OR What age will <child> be when he/she finishes, if he/she has not yet finished? Age: _____ years _____ months

G50a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?

Only 3 hours per day ₁..... Topped up with more hours ₂

G50b. How many additional hours in this same preschool setting? _____ hours

G50c. How much did you pay per week in total for these additional hours? _____ euros

G51. [CARD 51] Children sometimes have problems adjusting to preschool. On average, since child has started preschool...

	More than once a week	Once a week or less	Not at all
a. How often has <child> complained about preschool?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. How often has <child> said good things about preschool?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. How often has <child> looked forward to going to preschool?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. How often has <child> been upset or reluctant to go to preschool?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

G52. [Card G52] The next questions are about <child>'s preschool. Please read each statement and indicate how characteristic each statement is/was of the preschool.

How often do/did the following statements describe your experience

	Never	Rarely	Sometimes	Often	Always
a. There are/were lots of creative activities going on.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. It is/was an interesting place for my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. There are/were plenty of toys, books, pictures, and music for my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. In care, my child has/had many natural learning experiences.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. The caregiver provides/provided activities that are/were just right for my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. My child feels/felt safe and secure in care.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. The caregiver is/was warm and affectionate toward my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. It is/was a healthy place for my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. My child is/was treated with respect	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. My child is/was safe with this caregiver.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. My child gets/got a lot of individual attention	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. My caregiver and I share/shared information	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. My caregiver is/was open to new information and learning.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. My caregiver shows/showed she (he) knows/knew a lot about children and their needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. The caregiver handles/handled discipline matters easily without being harsh	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
p. My child likes/liked the caregiver	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
q. My caregiver is/was supportive of me as a parent	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
r. My caregiver is/was happy to see my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

G53. How confident are/were you that you know/knew what your child was learning or doing in preschool?

Very confident₁ Somewhat confident ₂ Not very confident₃ Not at all confident ₄

G54. Who usually minds <child> if he/she is too sick to attend preschool?

[Interviewer: Read out answer categories]

Mother₁ Father₂ Parents take turns₃ Grandparents₄
 Other relative₅ Friend/ Neighbour₆ Childminder₇ Other (please specify)₈

**Subsection C. Term-time care arrangement:
Additional care arrangements for children attending preschool
Alternative care arrangement for children not attending preschool**

Now I'd like to ask you some questions about term-time childcare arrangements.

G55. (Thinking of any care arrangements in addition to those provided by the Free PreSchool Year or additional hours availed of in this preschool setting) Thinking of the school year Sept 2012 to June 2013, was <child> minded by someone other than you or your resident spouse / partner for 8 hours or more per week during the day?

Yes _1 No _2 If no go to g64

**G56. (a) [Card G56] Who minds <child> on a regular basis each week?
(b) number of days per week <child> spends in each type of childcare
(c) number of hours per week <child> spends in each type of childcare
(d) how much you pay for this childcare for <child> per week
(e) whether this is your main type of childcare**

If more than one child in childcare arrangement, take the average cost per child

	[Tick all that apply]	Number of days	Number of hours	Cost per week	Main type of care
a. A relative in your home	<input type="checkbox"/> _1 Go to G57a	_____N	_____N	€ _____	<input type="checkbox"/> _4
b. A non-relative in your home	<input type="checkbox"/> _2 Go to G58a	_____N	_____N	€ _____	<input type="checkbox"/> _4
c. A relative in their home	<input type="checkbox"/> _3 Go to G57b	_____N	_____N	€ _____	<input type="checkbox"/> _4
d. A non-relative in their home	<input type="checkbox"/> _4 Go to G58b	_____N	_____N	€ _____	<input type="checkbox"/> _4
e. Creche, Montessori, preschool, naíonra or other centre-based care setting,	<input type="checkbox"/> _5	_____N	_____N	€ _____	<input type="checkbox"/> _4
f. Other (please specify)	<input type="checkbox"/> _6	_____N	_____N	€ _____	<input type="checkbox"/> _4

G57a. [Card G57] Please specify how this person is related to <child>

- a. Grandmother of <child>..... _1
- b. Grandfather of <child>..... _2
- c. Aunt /Uncle of <child> _3
- d. Brother / Sister of <child>..... _4
- e. Non-resident Parent _5
- f. Cousin of <child>..... _6
- g. Other relative _7

G57b. [Card G57] Please specify how this person is related to <child>

- a. Grandmother of <child>..... _1
- b. Grandfather of <child>..... _2
- c. Aunt /Uncle of <child>..... _3
- d. Brother / Sister of <child>..... _4
- e. Non-resident Parent _5
- f. Cousin of <child>..... _6
- g. Other relative _7

G58a. [Card G58a] Which of the following best describes that person?

- a. Au pair / Nanny (live in)..... _1
- b. Friend / Neighbour _2
- c. Childminder _3
- d. Other _6

G58b. [Card G58b] Which of the following best describes that person?

- a. Friend / Neighbour..... _1
- b. Childminder _2
- c. Other..... _3

G59. What age was <child> when you started to use the main childcare arrangement? _____ years _____ months

[INT: IF ANSWER AT G56 IS (A) OR (B) PLEASE GO TO G61]

G60a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?

_____ number of children

G60b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?

_____ number of adults

G61. [Card G61] What is the main reason the Study Child is using regular child care at present?

- 1. Parent's work or study commitments _1
- 2. Parent's sport, shopping, social or community activities _2
- 3. Give parent a break or time alone..... _3
- 4. Good for child's social development/to mix with other children _4
- 5. Good for child's intellectual or language development _5
- 6. Establish relationships with grandparents or non-resident parents _6
- 7. Other..... _7

G62. [Card G62] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

Never Rarely Sometimes Often Always

How often do the following statements describe your experience

- | | | | | | | | | | |
|---|----------------------------|-------|----------------------------|-------|----------------------------|-------|----------------------------|-------|----------------------------|
| a. There are lots of creative activities going on. | <input type="checkbox"/> 1 | | <input type="checkbox"/> 2 | | <input type="checkbox"/> 3 | | <input type="checkbox"/> 4 | | <input type="checkbox"/> 5 |
| b. It's an interesting place for my child. | <input type="checkbox"/> 1 | | <input type="checkbox"/> 2 | | <input type="checkbox"/> 3 | | <input type="checkbox"/> 4 | | <input type="checkbox"/> 5 |
| c. There are plenty of toys, books, pictures, and music for my child. | <input type="checkbox"/> 1 | | <input type="checkbox"/> 2 | | <input type="checkbox"/> 3 | | <input type="checkbox"/> 4 | | <input type="checkbox"/> 5 |
| d. In care, my child has many natural learning experiences. | <input type="checkbox"/> 1 | | <input type="checkbox"/> 2 | | <input type="checkbox"/> 3 | | <input type="checkbox"/> 4 | | <input type="checkbox"/> 5 |
| e. The caregiver provides activities that are just right for my child | <input type="checkbox"/> 1 | | <input type="checkbox"/> 2 | | <input type="checkbox"/> 3 | | <input type="checkbox"/> 4 | | <input type="checkbox"/> 5 |
| f. My child gets a lot of individual attention | <input type="checkbox"/> 1 | | <input type="checkbox"/> 2 | | <input type="checkbox"/> 3 | | <input type="checkbox"/> 4 | | <input type="checkbox"/> 5 |
| g. My child likes the caregiver | <input type="checkbox"/> 1 | | <input type="checkbox"/> 2 | | <input type="checkbox"/> 3 | | <input type="checkbox"/> 4 | | <input type="checkbox"/> 5 |

G63. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...

Very easy .. 1 Easy ... 2 Neither easy nor difficult .. 3 Difficult 4 Or very difficult..... 5 Don't pay 6

Section G3 – NOT IN SCHOOL AND NOT IN CHILDCARE:

G64. What is the main reason the Study Child does not have any regular child care arrangements at present?

- Parent is available, other care not needed 1
- Problems with getting child care places around here 2
- Childcare not available around here 3
- Transport problems to childcare 4
- Can't afford it - cost too high 5
- Concerned with quality of care 6
- Child has disability or special needs 7
- Didn't want child cared for by strangers..... 8
- Parent(s) is / are the best for the child at this age 9
- Other (please specify) _____ 10

Section G4 – CHILDCARE ARRANGEMENT WHEN CHILD TURNED 3 YEARS OF AGE:

G65. Thinking back to when <child> turned 3 years of age, before he/she started the free preschool year (if relevant), was he/she minded on a regular basis by anyone other than you or your resident spouse/partner for 8 or more hours per week?

Yes 1 No 2

G66. What age was <child> when you started to use that childcare arrangement. (If more than one type of childcare was used when <child> turned 3 years of age please answer in respect of the main type of care used)?

_____ years _____ months

Section H – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

H2. [Card H2] Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)

	Never / almost never	Rarely	Sometimes	Often	Always / almost always
a. Hug or hold this child for no particular reason	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Tell this child how happy he/she makes you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Have warm, close times together with this child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Enjoy listening to this child and doing things with him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Feel close to this child both when he/she was happy and when he/she was upset	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Express affection by hugging, kissing and holding this child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

H3. [Card H3] When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)

	Never / almost never	Less than half the time	About half the time	More than half the time	All the time
a. Of all the times you talk to this child about his/her behaviour, how often is this praise?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. When you give this child an instruction or request to do something, how often do you make sure that he/she does it? ...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. How often does this child get away with things that you feel should have been punished?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. How often are you angry when you punish this child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. How often do you feel you are having problems managing this child in general?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. How often is this child able to get out of punishment when he/she really sets his/her mind to it?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. When you discipline this child, how often does he/she ignore the punishment?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. How often do you tell this child that he/she is bad or not as good as others?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. How often do you think that the level of punishment you give this child depends on your mood?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

H9. [Card H9] For the following items could you indicate whether or not the Study Child 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 the child have some new (not second hand) clothes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Does the child have two pairs of properly fitting shoes, including a pair of all-weather shoes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Does the child eat fresh fruit and/or vegetables at least once a day?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Does the child eat three meals a day?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Does the child eat a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Does the child have books at home suitable for his/her age?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

- g. Does the child have outdoor leisure equipment (bicycle, roller skates, etc.)? ₁ ₂ ₃
- h. Does the child have indoor games (board games, computer games etc)? ₁ ₂ ₃
- i. Does the child participate in a regular leisure activity
(swimming, playing an instrument, youth organisations, etc.)? ₁ ₂ ₃
- j. Does the child have celebrations on special occasions
(birthdays, religious events)? ₁ ₂ ₃
- k. Does the child invite/have friends to your house to play and/or eat
from time to time? ₁ ₂ ₃
- l. Does the child participate in school trips and school events that cost money? ₁ ₂ ₃
- m. Does the child have a suitable place to study or do homework? ₁ ₂ ₃

H10. [Card H10] Looking at Card H10, has the Study Child ever experienced any of the following:

[Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW)

- C. Death of close friend ₁ ₂
 - E. Moving house ₁ ₂
 - F. Moving country ₁ ₂
 - G. Stay in foster home/ residential care..... ₁ ₂
 - H. Serious illness/injury..... ₁ ₂
 - N. Other disturbing event (please specify) ₁ ₂
-

B6 Secondary Caregiver Twin Questionnaire

GROWING UP IN IRELAND STRICTLY CONFIDENTIAL

5-Year Questionnaire – Draft of 20/02/13

SECONDARY CAREGIVER TWIN QUESTIONNAIRE

GROUP HHOLD RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

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

The Department of 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 Skills 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

INT: IS RESPONDENT MALE OR FEMALE? Male ₁ Female..... ₂

X1. What is your date of birth? ___ / ___ / _____
DD MM YYYY

Section B - Parent-Child Relationships

B1. [CARD B1] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Does not really apply	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. My child and I always seem to be struggling with each other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. If upset, my child will seek comfort from me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. My child values his/her relationship with me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. When I praise my child he/she beams with pride	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. My child spontaneously shares information about his/herself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. My child easily becomes angry at me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. It is easy to be in tune with what my child is feeling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. My child remains angry or is resistant after being disciplined	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. Dealing with my child drains my energy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. When my child is in a bad mood I know we're in for a long and difficult day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. My child's feelings toward me can be unpredictable or can change suddenly.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. My child openly shares his/her feelings and experiences with me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B2. [CARD B2] How often do you do the following when <child> misbehaves?

	Never	Rarely	Now and again	Regularly	Always	Can't say
a. Discuss/Explain why behaviour was wrong...	<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. Ignore him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Smack him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Shout or yell at him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Send him/her out of the room or to his/her bedroom or naughty step.....	<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. Take away treats.....	<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. Tell him/her off.....	<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. Bribe him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Section C - Child's physical health and development

Now I'd like to ask you a few questions about <child's> health

C1. [CARD C1] Which of these best describes <child's> weight?

[INTERVIEWER: Ask the respondent to use codes 1-4 as on the card if child is present at time of interview]

Underweight..... 1

Normal weight..... 2

Somewhat overweight..... 3

Very overweight..... 4

Section E - Child's play and activities

E1. Overall, compared to other children of the same age, do you think <child> is... [INT: READ OUT]

Easier than average..... 1

About average..... 2

More difficult than average..... 3

E2a. [CARD E2a] How often would you do any of the following with <child>?

	Never	Hardly ever	Occasionally	One or two times a week	Everyday	N/A
a. Play with <child> using toys or games / puzzles.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
b. Play computer games with <child>.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
c. Visit the library.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
d. Listen to <child> read.....	<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. Read to <child>.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
f. Use computer with <child> in educational ways.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
g. Sport or physical activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
h. Go on educational visits outside home such as museums, farms.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
i. Go shopping.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

Section H – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

H1. [Card H1] Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)

	Never / almost never	Rarely	Sometimes	Often	Always / almost always
a. Hug or hold this child for no particular reason	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Tell this child how happy he/she makes you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Have warm, close times together with this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Enjoy listening to this child and doing things with him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Feel close to this child both when he/she was happy and when he/she was upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Express affection by hugging, kissing and holding this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

H2. [Card H2] When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)

	Never / almost never	Less than half the time	About half the time	More than half the time	All the time
a. Of all the times you talk to this child about his/her behaviour, how often is this praise?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. When you give this child an instruction or request to do something, how often do you make sure that he/she does it? ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. How often does this child get away with things that you feel should have been punished?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. How often are you angry when you punish this child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. How often do you feel you are having problems managing this child in general?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. How often is this child able to get out of punishment when he/she really sets his/her mind to it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. When you discipline this child, how often does he/she ignore the punishment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. How often do you tell this child that he/she is bad or not as good as others?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. How often do you think that the level of punishment you give this child depends on your mood?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B7 Non-resident Parent Questionnaire



The Economic and Social Research Institute
Whitaker Square
Sir John Rogerson's Quay
Dublin 2



University of Dublin
Trinity College
College Green
Dublin 2



Growing Up in Ireland – national longitudinal study of children

Infants at 5 years

Strictly Confidential

Questionnaire for Parent Living Elsewhere

Group

HHOLD

Date: ____ day ____ month ____ year

Please Read This First

This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 1800 200 434 and ask for one of the *Growing up in Ireland* team.

First of all, we would like to ask you a few questions about the time you spend with the study child

Q1. How long is it since you last saw the Study Child? ____ days ____ weeks ____ months

Q2. How many nights do you and the Study Child spend together in a typical month? ____ nights

Q3. How many days, or part-days, (without nights) do you and the Study Child spend together in a typical month? ____ days

Q4. How long would an average or typical contact with the Study Child last? ____ days or ____ hours

Q5. How do you feel about the amount of time you spend with the Study Child? Please tick one of the following:

Nowhere near
enough

 ₁

Not quite
enough

 ₂

About right

 ₃

A little too much

 ₄

Way too much

 ₅

Q6. If you feel that you do not spend enough time with the Study Child, what do you think is the reason for this situation? If more than one reason, please tick the main reason.

Work commitments ₁

Commitments to other family/new partner ₂

Physical distance between self and child ₃

Other parent is uncooperative ₄

Court-imposed custody rules ₅

Other ₆

Q7. When you are spending time with the Study Child, where do you bring him or her? A list of places is given below. Please place a '1' beside the location where you spend most time, a '2' beside the next most used location and so on. If there are any locations that you do not visit, just leave them blank.

Rank

At your home _____

At the other parent's home _____

At another relative's home (e.g. child's grandparents)... _____

Recreational/amenity area (e.g. park, swimming pool).. _____

Shopping centre /cinema /McDonald's etc _____

Specific events (e.g. football match) _____

Other _____

Q8. Please tick one box below to indicate how you and your former spouse / partner arrived at the current arrangements for time spent with the Study Child?

- Court-imposed arrangements ₁
 Formal, negotiated arrangements other than legal (e.g. counsellor) ₂
 Mutual arrangement with no third party negotiator ₃
 No regular arrangements ₄

Q9. Parents do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent, to do? Please rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

- Showing my child love and affection _____
 Taking time to play with my child _____
 Taking care of my child financially _____
 Giving my child moral and ethical guidance _____
 Making sure my child is safe and protected _____
 Teaching my child and encouraging his or her curiosity _____
 Other (specify) _____

Q10. We would like to get a sense of how you rate the quality of the time you spend with the Study Child. Please indicate a rating of between 1 and 5, where '1' is "excellent" and '5' is "very poor".

Excellent 1 2 3 4 5 *Very Poor*

Q11. Being a parent often involves performing routine tasks for the child. Please tick one box on each line to indicate how often you would normally do each of the following:

	Every day	At least once a week	At least once a month	Rarely or never
Prepare food for the child at home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Put the child to bed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Bathe child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Take the child to doctor /dentist etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Take the child to or from crèche/school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

We would like to record some information about the kind of financial support you provide for the Study Child and his or her household.

Q12. Do you pay anything directly towards the rent or mortgage due on the Study Child's home (i.e. the house or apartment where the Study Child resides with his or her other parent NOT your own home)?

- Yes, I pay the full amount due ₁ No, I don't pay towards the rent or mortgage directly ₃
 Yes, I pay a contribution ₂ There is no rent or mortgage owing on the home ₄

Q13. If you pay all or part of the mortgage or rent, how much do you pay per month? € _____ per month

Q14. Do you provide financial support to the Study Child's other parent (other than direct rent or mortgage)?

- Never ... ₁
 Yes..... ₂ a regular payment to the value of € _____ per month (excluding direct rent/mortgage payment)
 Yes..... ₃ on an as-required basis (e.g. Christmas) to the value of € _____ per year

Q15. If you give a regular payment as in Q14 above, how did you decide on the amount/schedule? (Please tick one box only)

- Your decision ₁
 Mutual agreement with other parent ₂
 Legally imposed arrangement ₃

Q16. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally "being there" when needed, etc?

Never1 Yes, occasionally2 Yes, frequently3

Q17. What was the status of your relationship with the Study Child's other parent when she/you became pregnant with the study child? (Please tick one box only).

Married and living together1 Going out but not living together.....5
 Cohabiting/living as married2 Just friends6
 Separated3 No relationship7
 Divorced4

Q18. What age was the Study Child when you separated from his/her other parent for the first time?

AGE: ___ months OR ___ years OR

Had separated before birth1 OR Never lived with other parent.....2

Q19. [For fathers only] Are you named on the Study Child's birth certificate?

Yes1 No2 Not sure3

Q20. [For fathers only] If you have never been married to the Study Child's mother have you applied for guardianship?

No1 Yes, through mother only2 Yes, through court3

Q21. If yes, was this application successful? Yes.....1 No.....2 Ongoing.....3

Q22. How often do you talk about the Study Child with his/her other parent?

Every day1 A few times a month4
 Several times a week2 Several times a year5
 About once a week3 Not at all6

Q23. How well do you get on with the Study Child's other parent? Would you say your relationship is ...?

Very positive Somewhat positive Neutral Somewhat negative Very negative
1 2 3 4 5

Q24. Often parents have to make major decisions concerning the Study Child, such as about health care. Please indicate the degree of influence you feel you have in major decisions concerning the Study Child:

A lot of influence Some influence No influence Don't know
1 2 3 4

Q25. Do you want to be involved in raising the Study Child in the coming years?

Yes..... 1 No 2 Not sure.....3

Q26. How often do you feel the following ways or do the following things?

For each item, mark (X) one response

	All of the time	Some of the time	Rarely	Never
a. You talk a lot about your child to your friends and family.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. You carry pictures of your child with you wherever you go	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. You often find yourself thinking about your child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. You think holding and cuddling your child is fun.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. You think it's more fun to get your child something new than to get yourself something new	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Finally, we just have a few questions about you.

Q27. What is your date of birth? (DD/MM/YYYY) _____ (day) _____ (mth) _____ (yr)

Q28. How old were you when your first ever child was born? _____ years

Q29. How would you describe your current employment status?

- | | | | | | |
|-------------------------------------|--------------------------|---|---------------------------------|--------------------------|---|
| Working for payment or profit | <input type="checkbox"/> | 1 | Retired from employment | <input type="checkbox"/> | 6 |
| Looking for first regular job | <input type="checkbox"/> | 2 | Unable to work due to permanent | | |
| Unemployed | <input type="checkbox"/> | 3 | sickness or disability | <input type="checkbox"/> | 7 |
| Student or pupil | <input type="checkbox"/> | 4 | Other (please specify) | <input type="checkbox"/> | 8 |
| Looking after home/family..... | <input type="checkbox"/> | 5 | | | |

Q30. What is (was) your occupation in your main job? Please describe as fully as possible.

Q31. What is the highest level of education that you have completed? (Please tick one box only)

- | | | | | | |
|-----------------------------------|--------------------------|---|---------------------------|--------------------------|---|
| No formal education | <input type="checkbox"/> | 1 | Certificate | <input type="checkbox"/> | 6 |
| Primary | <input type="checkbox"/> | 2 | Diploma | <input type="checkbox"/> | 7 |
| Junior Cert. or equivalent | <input type="checkbox"/> | 3 | Degree | <input type="checkbox"/> | 8 |
| Leaving Cert. or equivalent | <input type="checkbox"/> | 4 | Postgraduate Degree | <input type="checkbox"/> | 9 |
| Trade Qualification | <input type="checkbox"/> | 5 | | | |

Q32. Which of the following best describes your current marital status?

- | | | | | | |
|--|--------------------------|---|---------------------------------------|--------------------------|---|
| Single | <input type="checkbox"/> | 1 | Separated | <input type="checkbox"/> | 4 |
| First marriage (or cohabitation) | <input type="checkbox"/> | 2 | Divorced | <input type="checkbox"/> | 5 |
| Remarried (or cohabitating) following | | | Widowed | <input type="checkbox"/> | 6 |
| divorce | <input type="checkbox"/> | 3 | Remarried (or cohabitating) following | | |
| | | | widowhood | <input type="checkbox"/> | 7 |

Q33. Are you currently living with a partner?

- Yes 1 No..... 2

Q34. If yes, how long have you been in this relationship? _____ years or _____ months

Q35. How many other children (not including the Study Child) do you have? Please write in the number of children

None..... 1 _____ by same parent as Study Child's _____ by a different partner(s)

Q36. What nationality are you? _____

Q37. If you are NOT Irish, how long have you been living in Ireland? _____ years OR _____ months

Q38. How would you describe your general state of health?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Excellent | Very good | Good | Fair | Poor |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 1800 200 434**

B8 School Principal Questionnaire



Growing Up in Ireland – Survey of 5-Year-Olds

STRICTLY CONFIDENTIAL

PRINCIPAL'S QUESTIONNAIRE

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

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

All information provided will be treated in the strictest confidence.

An information leaflet outlining in more detail the objectives of the study accompanies this questionnaire.

School ID (*from blue sheet with list of pupils' names*)

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Date: _____ day _____ month _____ year

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

2. To which age group do you belong?

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

3. For how many years have you been a Principal:

(a) in this school? _____ years (b) in other Primary School(s)? _____ years

4a. What is the school's DEIS status?

DEIS – Urban Band 1 ₁
DEIS – Urban Band 2 ₂
DEIS – Rural ₃
Non-disadvantaged ₄

4b. Is this a private fee-paying school? Yes ₁ No ₂

5. How many boys and how many girls were enrolled in the school on 30th September 2013?

Boys _____ Girls _____ Total Pupils _____

6. In addition to your duties as Principal, do you have a teaching class assigned to you?

Yes ₁ No ₂

7a. How many *full-time* and *part-time* teachers work in this school? Please indicate how many are male and how many are female. (Please include the Principal among the teaching staff.)

<i>Teachers</i>	<i>Full-time</i>	<i>Part-time</i>
Male		
Female		
Total		

7b. Excluding yourself, how many *full-time* and *part-time* administrative staff work in your school? (Please include the Principal among the teaching staff.)

Full-time admin. staff _____ Part-time admin. staff _____ [If none, please write none. Do not leave blank]

8. Approximately how many staff does your school currently have in the following capacities? Please indicate the number employed on a full-time and part-time basis.

	Full-time	Part-time
Learning support/resource teachers		
Language support teachers		
Special needs assistants		
Other teaching assistants		

9. How many rooms (including prefabs, etc) are used as classrooms in the school? _____ classrooms

10. Of these, how many portable classrooms (prefabs) are there in the school? _____ portable classrooms

11. How many classes (across all year-groups) are there in the school? _____ classes

12. Approximately how many children is the school designed for? _____ children

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

13b. In what year was the school most recently refurbished? Year _____ Never ₉₉

14. How would you rate the school's resources in each of the following areas?

	Poor	Fair	Good	Excellent
(a) Number of teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(b) Number of classrooms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(c) Books and worksheets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(d) Computing facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(e) Arts and crafts facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(f) Sports facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(g) Music facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(h) Playground	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(i) Mathematics resources/facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(j) Library/media centre	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(k) Staff room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(l) Toilet facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(m) Learning support provision	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(n) After-school facilities (e.g. homework clubs)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(o) Administrative support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(p) Condition of the school building, classrooms etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(q) Facilities for children with disabilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(r) Provision of Special Needs Assistants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

15. Does the school have a Home-School Community Liaison Co-ordinator? Yes.....₁ No ₂

16a. Does the school provide a 'breakfast club'?

Yes, every day..... <input type="checkbox"/> ₁	Yes, some days..... <input type="checkbox"/> ₂	No <input type="checkbox"/> ₃
16b. Is this provided under DEIS? Yes..... <input type="checkbox"/> ₁ No..... <input type="checkbox"/> ₂		

17a. Does the school provide free school meals at lunchtime?

Yes, every day..... <input type="checkbox"/> ₁	Yes, some days..... <input type="checkbox"/> ₂	No <input type="checkbox"/> ₃
17b. Is this provided under DEIS? Yes..... <input type="checkbox"/> ₁ No..... <input type="checkbox"/> ₂		

18. Does the school have the following facilities or services?

	Yes	No
(a) An active parents' association/council	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
(b) A parents' room within the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
(c) Parenting courses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
(d) Other courses for parents (e.g. literacy, art/craft)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
(e) Access to health or social service professionals on the school premises	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

19. Approximately how many computers in total does the school have? _____ computers

20. Of these, how many can be used by the pupils, i.e. excluding those used solely by administrative or teaching staff?

_____ used by the pupils

21. Does the school have a dedicated computer room for pupils? Yes.....₁ No.....₂

22. Are the school buildings and other facilities (playing fields, etc if relevant) open to the local community?

(a) in the evenings during the week	Yes..... <input type="checkbox"/> ₁	No..... <input type="checkbox"/> ₂
(b) at weekends	Yes..... <input type="checkbox"/> ₁	No..... <input type="checkbox"/> ₂
(c) out of term time	Yes..... <input type="checkbox"/> ₁	No..... <input type="checkbox"/> ₂

23. For each of the following extracurricular activities, (a) are they provided in your school for pupils, either at lunchtime or after school hours, and (b) are they provided under either DEIS or the School Completion Programme (SCP)?

	(a) <i>Provided in school</i>			(b) <i>If yes, Provided under:</i>		
	No..... <input type="checkbox"/>	Yes ... <input type="checkbox"/>	→	<i>DEIS</i>	<i>SCP</i>	<i>Neither</i>
(a) Team sports (e.g. football)	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Individual sports (e.g. judo, running)	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Music/dance	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Drama	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Arts/crafts	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Computers/technology	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Homework club	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Other activities/clubs	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. We are interested in the importance your school places on various educational goals. From the following nine goals, which do you consider the most important, the second most important, and the third most important? Please mark '1' in the box beside the goal you consider the most important, '2' in the box beside the second most important and '3' in the box beside the third most important.

Educational goals:	Rank
i. Basic literacy and numeracy skills (reading, math, writing, speaking)	
ii. Encouraging the child to achieve his/her best	
iii. Promoting good work habits and self-discipline	
iv. Promoting personal growth (self-esteem, self-knowledge, self-confidence, self awareness, etc)	
v. Promoting social skills	
vi. Promoting specific moral values	
vii. Promoting inclusive multicultural awareness or understanding	
viii. Fostering religious or spiritual development	
ix. Promoting school attendance	
x. Developing critical thinking skills and understanding	

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

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

26. Approximately, what was the **Average Daily Attendance** for your school in the academic year 2012 / 2013?

_____ % Average Daily Attendance **OR** _____ Average number attending daily

27. What percentage of pupils missed 20 days or more in the in the academic year 2012 / 2013 (as per the figures the school returned to the NEWB)?

_____ %

28. Approximately what percentage of the pupils in your school would you say come from the immediate area, that is, live within about 20 minutes' walking distance of the school?

_____ %

29. Please indicate which of the following get involved in supporting children with emotional / behavioural problems in your school. (Please tick all that apply).

- Principal ₁
- Classroom teacher ₂
- Learning support / resource teacher ₃
- Other staff member..... ₄
- External assistance (please specify) _____ ₅

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

Approximate percentage of children with each problem

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

31. Over the past five years, has the number of pupils coming to this school

- Increased.....₁ Decreased ₂ Remained fairly stable₃

32. Are there any other local schools to which pupils in your school might go? Yes ₁ No ₂

33a. In general, do more pupils apply to come to this school than there are places available?

- Yes ₁ No..... ₂

33b. If Yes, what criteria are used to admit pupils? (Please tick all that apply)

- Designated catchment area ₁
- Other siblings in the school..... ₂
- Parents attended the school ₃
- Language(s) spoken by child ₄
- Date of application ₅
- Religion ₆
- Other (please specify) ₇

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

- Randomly/alphabetically ₁
- Performance on standardised tests ₂
- Performance on other tests ₃
- Special educational need/disability ₄
- Other (please specify)..... ₅
- Only 1 class per year-group..... ₆

35a. Does the school hold formal parent-teacher meetings at least once per year? Yes....₁ No₂

35b. Approximately what percentage of parents attend parent-teacher meetings? _____ per cent

36. To what extent are parents actively encouraged to get involved in the life of the school in:

	A lot	A little	Not at all
(a) Curricular activities e.g. participation in reading / maths groups, support for specific area of curriculum (e.g. SPHE)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(b) Extra-curricular activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

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

Pupils, in general	Nearly all	More than half	Less than half	Only a few
(a) Enjoy being at school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(b) Are well-behaved in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(c) Show respect for their teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(d) Show respect for their peers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(e) Are rewarding to work with	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(f) Are well behaved in the playground/school yard	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(g) Settle into junior infants quickly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(h) Feel they are an important part of the school community/school life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

38a. Does the school have a written Code of Behaviour (discipline policy)?

Yes ₁ No ₂

38b. To what extent were the following involved in developing this policy?

	To a great extent	To some extent	Not at all
(a) Teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(b) Parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(c) Pupils	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(d) Board of Management ..	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

39. In addressing inappropriate behaviour in your school, to what extent are the following forms of discipline used in your school?

	Often	Occasionally	Rarely	Never
(a) Extra classwork	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(b) Extra homework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(c) Writing of 'lines'	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(d) Detention	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(e) Exclusion from sports or other popular activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(f) Verbal (phone or otherwise) report to parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(g) Written report to parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(h) Cancellation of popular lesson e.g. art	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(i) Warning card system	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(j) Suspension	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(k) Expulsion / permanent exclusion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(l) Other (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

40. To what extent is bullying a problem in your school?

A major problem ₁ A minor problem ₂ No problem at all ₃

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

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

42. Compared with other Primary Schools of your size, would you say that the scale of day-to-day problems in running the school are: (please tick one box only)

Much greater than in other schools	Slightly greater than in other schools	About the same as in other schools	Slightly less than in other schools	Much less than in other schools
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

43. What makes you say that? (Please describe as fully as possible)

44. Compared with other Primary Schools of your size, would you say that, in general, the environment in your school is happier, as happy or less happy for (a) pupils and (b) teachers?

	Happier	As happy	Less happy
(a) Pupils	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b) Teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

45. In general terms:

	Very	Fairly	Not very	Not at all
(a) How stressed do you feel by your job? .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) How satisfied do you feel with your job?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

Please collect the sealed envelopes containing their completed questionnaires from the teachers involved in this Study and return all questionnaires to the Economic and Social Research Institute (ESRI), using the enclosed freepost plastic envelope.

Again, many thanks to you and your staff for your help in this very important study of children.

B9 Teacher-on-Self Questionnaire



Growing Up in Ireland – Survey of 5-Year-Olds

STRICTLY CONFIDENTIAL

‘TEACHER-ON-SELF QUESTIONNAIRE’

Growing Up in Ireland (GUI) is a major government study of children. Its purpose is to improve our understanding of all aspects of children and their development. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

This questionnaire records information about the Study Child’s main class teacher. One of these questionnaires should be completed by each class teacher who has any of the Study Children listed on the blue sheet sent to the Principal.

An information leaflet outlining in more detail the objectives of the study accompanies this questionnaire.

School ID (from blue sheet with list of pupils’ names)

--	--	--	--

Teacher’s name (block capitals please) _____

Date: _____ day _____ month _____ year

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

2. To which age group do you belong?

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

3. How many years have you been teaching at primary school level? _____ years

4. How long have you been teaching in this school? _____ years

5. Which of the following qualifications do you hold? (Please tick all that apply)

- (a) A primary school teaching diploma or certificate, or other primary school qualification ₁
- (b) A primary degree in education (BEd)..... ₂
- (c) A primary degree in another subject..... ₃
- (d) A postgraduate diploma in education ₄
- (e) A qualification in learning support, special education or resource teaching..... ₅
- (f) A higher degree in education (PhD, Master's, etc)..... ₆
- (g) A higher degree in another subject (PhD, Master's, etc)..... ₇
- (h) No qualification ₈
- (i) Other (please specify) _____ ₉

6. Which year group(s) do you teach? Please tick all that apply.

- Junior Infants ₁ Third Class..... ₅
- Senior Infants..... ₂ Fourth Class..... ₆
- First Class ₃ Fifth Class ₇
- Second Class ₄ Sixth Class ₈

7. How many pupils are in your regular classroom?

Class	Junior Infants	Senior Infants	First Class	Second Class	Third Class	Fourth Class	Fifth Class	Sixth Class
Boys								
Girls								
Total								

8a. In this school, are children allocated to their class on the basis of their ability, achievement or special educational need?

Yes..... ₁ No ₂

8b. If yes, which class do you teach?

- Higher ability ₁
- Middle/average ability ₂
- Lower ability ₃
- Special class ₄

9a. Did you do any continuing professional development (in-service training or upskilling) in the last 12 months?

Yes..... ₁ No ₂

9b. How many days or hours of professional development did you do? _____ days _____ hours

9c. Please specify the areas in which you did the professional development:

10. In your opinion, how many children in your classroom (including the Study Child if relevant) experience any of the following long-term difficulties? (some children may belong to more than one category)

- a. A limited knowledge of the main language of instruction _____ children
- b. An emotional or behavioural problem _____ children
- c. A learning/intellectual disability _____ children
- d. A physical/sensory disability _____ children

11a. In a typical week, would you have any Special Needs Assistants working with you in the Study Child's classroom?

Yes..... ₁ No ₂

11b. If yes, for approximately how many hours per week? _____ hours per week

12a. *Within normal school hours*, approximately how many *minutes PER WEEK* does the Study Child's class spend on each of the following subjects? Your best estimate is fine. If the class does not receive instruction in a subject, please write 'none'.

Subject	No. of minutes per week	Subject	No. of minutes per week
English	mins/wk	Drama	mins/wk
Gaeilge	mins/wk	Visual Arts	mins/wk
Maths	mins/wk	Music	mins/wk
History	mins/wk	Religion/Ethical education	mins/wk
Geography	mins/wk	Other 1 (specify)	mins/wk
Science	mins/wk	Other 2 (specify)	mins/wk
Social Personal Health Education (SPHE)	mins/wk	Other 3 (specify)	mins/wk
Physical Education	mins/wk	Other 4 (specify)	mins/wk

12b. In an average week, about what percentage of your time in the classroom is based around play-based activity?

_____ per cent

13. Below we have a number of statements about teaching. Please indicate how frequently the following things happen in the Study Child's class.

	Never or almost never	Some days	Most days	Every day
(a) Pupils listen to you read stories where they can see the print.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(b) Pupils listen to you read stories where they don't see the print.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(c) Pupils interact in class by listening, discussing and taking turns in conversations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(d) Pupils engage in creative play (e.g. painting, using play-dough, etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(e) Pupils work in pairs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(f) Pupils work individually in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(g) Pupils engage in physical play (such as running, jumping, skipping etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(h) Pupils work in groups in class.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(i) You ask pupils questions in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(j) Pupils ask you questions in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(k) Pupils ask each other questions in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(l) Pupils work on phonics/word sounds.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(m) Pupils take part in pretend play (e.g. make-believe, dressing up, playing shop)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(n) Pupils suggest subjects or topics to be covered in class.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(o) Pupils are encouraged to find things out for themselves.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(p) You use video or audio recordings in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(q) Children play games with rules (e.g. board games)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(r) You use a computer/interactive whiteboard to show something to the pupils.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(s) Pupils themselves use computer facilities or other electronic equipment (e.g. iPads) in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(t) You provide differentiated activities, as appropriate, to pupils.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(u) Pupils get the opportunity to engage in hands-on activities.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(v) The pupil's experience and their environment is the starting point for learning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(w) You address learning outcomes across a number of subjects at the same time.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(x) You teach pupils as a whole class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(y) Pupils count out loud.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(z) Pupils play games related to maths/numbers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(aa) You discuss new or difficult vocabulary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

14a. How often do the children in the Study Child's class use a computer(s) or other electronic device (e.g. iPad) in the SCHOOL?

Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

14b. Is there an interactive whiteboard in your CLASSROOM?

Yes..... ₁ No..... ₂

14c. Do the children in the Study Child's class use a computer (or other electronic device) to access the Internet?

Yes..... ₁ No..... ₂

15a. How often would you assess your pupils' progress by using:

Weekly Twice a month Monthly Every term Never/Almost never

- (a) Teacher observations ₁ ₂ ₃ ₄ ₅
- (b) Teacher-designed tasks and tests ₁ ₂ ₃ ₄ ₅
- (c) Teacher's questions ₁ ₂ ₃ ₄ ₅

15b. To what extent do you use the results of this assessment in the planning of your teaching?

A lot ₁ A little ₂ Not at all ₃

16. How much control do you feel you have in your school over the following areas:

No control Slight control Some control Moderate control A great deal of control

- (a) Deciding how much time to spend on different subject areas ₁ ₂ ₃ ₄ ₅
- (b) Deciding about the content of subjects to be taught ₁ ₂ ₃ ₄ ₅
- (c) Deciding about teaching techniques ₁ ₂ ₃ ₄ ₅
- (d) Choosing textbooks and other learning materials ₁ ₂ ₃ ₄ ₅
- (e) Disciplining children ₁ ₂ ₃ ₄ ₅
- (f) Selecting the year group you teach ₁ ₂ ₃ ₄ ₅

17. How important do you believe the following characteristics are for a child to be ready for primary school?

Tick one box on each line.

Not important Not very important Somewhat important Very important Essential

- (a) Can count to 20 or more ₁ ₂ ₃ ₄ ₅
- (b) Takes turns and shares ₁ ₂ ₃ ₄ ₅
- (c) Is able to use pencils and paintbrushes ₁ ₂ ₃ ₄ ₅
- (d) Is not disruptive of the class ₁ ₂ ₃ ₄ ₅
- (e) Is sensitive to other children's feelings ₁ ₂ ₃ ₄ ₅
- (f) Sits still and pays attention ₁ ₂ ₃ ₄ ₅
- (g) Knows most of the letters of the alphabet ₁ ₂ ₃ ₄ ₅
- (h) Identifies primary colours and shapes ₁ ₂ ₃ ₄ ₅
- (i) Communicates needs, wants, and thoughts verbally in English/Gaeilge.. ₁ ₂ ₃ ₄ ₅
- (j) Can manage personal care ₁ ₂ ₃ ₄ ₅

18. Please indicate the extent to which you agree with each of the following statements on children's preparation for school. Tick one box on each line.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

- (a) Attending pre-school (for example, Montessori or Early Start) is very important for success in primary school..... ₁ ₂ ₃ ₄ ₅
- (b) Children who begin formal reading and maths instruction in pre-school will do better in primary school ₁ ₂ ₃ ₄ ₅
- (c) Parents should make sure their children know the alphabet before they start primary school ₁ ₂ ₃ ₄ ₅
- (d) Parents need help in learning how to encourage their child's reading ₁ ₂ ₃ ₄ ₅
- (e) Parents should set aside time every day for their children to practise schoolwork ₁ ₂ ₃ ₄ ₅
- (f) Parents should read to their children and play counting games at home regularly..... ₁ ₂ ₃ ₄ ₅

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

Pupils, in general:

Nearly all More than half Less than half Only a few

- (a) Are well-behaved in class ₁ ₂ ₃ ₄
- (b) Show respect for their teachers ₁ ₂ ₃ ₄
- (c) Show respect for their peers ₁ ₂ ₃ ₄
- (d) Settle into the school quickly ₁ ₂ ₃ ₄
- (e) Are rewarding to work with ₁ ₂ ₃ ₄
- (f) Feel they are an important part of the school community / school life ₁ ₂ ₃ ₄

20. Please tick on each line to indicate: (a) whether or not you usually receive information in each of the five areas below about the children in your class and (b) if you receive the information, how satisfied you are with it.

Information on:	(a) Receive information?		(b) If information is received, how satisfied are you with it?				
	Yes	No	Very Satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very Dissatisfied
i. Whether they have attended pre-school	<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
ii. What skills they developed at pre-school	<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
iii. Family circumstances	<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
iv. Whether they have special needs	<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
v. Individual child's strengths, interests and challenges	<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

21. In general, what proportion of parents from the children in your class attend:

- Nearly all More than half Less than half Only a few Not applicable
- a. Parent-teacher meetings ₁ ₂ ₃ ₄ ₅
- b. Other meetings organised by the school ₁ ₂ ₃ ₄ ₅

22. What proportion of parents would approach you informally to discuss their child's progress?

Nearly all..... ₁ More than half..... ₂ Less than half ₃ Only a few..... ₄

23. Compared with other Primary Schools of similar size, would you say that, in general, the environment in your school is happier, as happy or less happy for (a) pupils and (b) teachers?

Happier As happy Less happy

- (a) Pupils ₁ ₂ ₃
- (b) Teachers ₁ ₂ ₃

24. In general terms:

Very Fairly Not very Not at all

- (a) How **stressed** do you feel by your job..... ₁ ₂ ₃ ₄
- (b) How **satisfied** do you feel with your job ₁ ₂ ₃ ₄

Thank you very much for completing this part of the *Growing Up In Ireland* survey.

Please ensure that you complete a green questionnaire in respect of each pupil whom you teach and who is listed on the blue sheet as being involved in *Growing Up in Ireland*.

When you have finished all your questionnaires, please seal them in the enclosed envelope and return the sealed envelope to the Principal, for return of all questionnaires in the school to the Economic and Social Research Institute (ESRI).

B10 Teacher-on-Child Questionnaire



Growing Up in Ireland – Survey of 5-Year-Olds

STRICTLY CONFIDENTIAL

‘TEACHER-ON-PUPIL’ QUESTIONNAIRE

Growing Up in Ireland (GUI) is a major government study of children. Its purpose is to improve our understanding of all aspects of children and their development. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

This questionnaire should be completed by the child’s class teacher. Please complete one of these questionnaires in respect of **each** child who is listed on the blue sheet sent to the Principal.

The parents/guardians of each of the children listed have already filled out questionnaires in their home. They have also signed a consent form which gives permission to have this questionnaire completed about their child. **All information provided will be treated in the strictest confidence. This information will not be seen by the child or by his/her parents/guardians.**

An information leaflet outlining in more detail the objectives of the **GUI** study accompanies this questionnaire.

School ID (from blue sheet with list of pupils’ names)

--	--	--	--

Pupil ID (from blue sheet with list of pupils’ names)

--	--

Pupil’s DoB (from blue sheet with list of pupils’ names)

Day		Month		Year	

Teacher’s name (block capitals please) _____

1. Date of completion _____ day _____ month _____ year

2. Study Child's initials Initial of first name: Initial of surname:

3. Study Child's gender Male₁ Female₂

4. What class is the Study Child in? Junior Infants.....₁ Senior Infants₂ Other (specify) _____

5. For how many school years and months have you taught the Study Child?

_____ school year(s) _____ months

6. Since the beginning of the academic year, in your opinion how often has the Study Child arrived for school:

	Never	Rarely	Sometimes	Often	Always
(a) inadequately dressed for the weather conditions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(b) too tired to participate as he/she should in class.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(c) without a lunch/snack.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(d) hungry	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(e) with a general lack of cleanliness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(f) late	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(g) unwell/suffering a minor ailment (cold, cough, etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

7. (a) In the Study Child's class, is there within-class ability grouping for reading/literacy?

Yes₁ No₂

Which group is the Study Child in?

Highest₁ Middle.....₂ Lowest₃

7. (b) In the Study Child's class, is there within-class ability grouping for maths?

Yes₁ No₂

Which group is the Study Child in?

Highest₁ Middle.....₂ Lowest₃

8. Listed below is a series of statements regarding what the Study Child can currently do or how s/he currently behaves. You are asked to say whether or not the Study Child has achieved this competency.

While a child's behaviour may vary somewhat from day to day and from context to context, the assessment you give should be the best description of the Study Child's achievement overall.

Please read each question carefully, and tick 'Yes' if the Study Child has achieved the competency and 'No' if not.

A. Study Child's attitudes **Yes** **No**

The Study Child:

- (a) Shows an interest in classroom activities through observations or participation..... ₁..... ₂
- (b) Dresses, undresses, and manages own personal hygiene with adult support ₁..... ₂
- (c) Displays high levels of involvement in self-chosen activities ₁..... ₂
- (d) Dresses and undresses independently and manages own personal hygiene ₁..... ₂
- (e) Selects and uses activities and resources independently ₁..... ₂
- (f) Continues to be interested, motivated, and excited to learn ₁..... ₂
- (g) Is confident to try new activities, initiate ideas, and to speak in a familiar group ₁..... ₂
- (h) Maintains attention and concentrates ₁..... ₂
- (i) Sustains involvement and perseveres, particularly when trying to solve a problem or reach a satisfactory conclusion..... ₁..... ₂

B. Language for communication and thinking **Yes** **No**

The Study Child:

- (a) Listens and responds..... ₁..... ₂
- (b) Initiates communication with others, displaying greater confidence in more informal contexts ... ₁..... ₂
- (c) Talks activities through, reflecting on and modifying actions ₁..... ₂
- (d) Listens with enjoyment to stories, songs, rhymes and poems; sustains attentive listening and responds with relevant comments, questions, or actions ₁..... ₂
- (e) Uses language to imagine and to recreate roles and experiences ₁..... ₂
- (f) Interacts with others in a variety of contexts; negotiates plans and activities; takes turns in conversation..... ₁..... ₂
- (g) Uses talk to organise, sequence and clarify thinking, ideas, feelings, and events; explores the meanings and sounds of new words..... ₁..... ₂
- (h) Speaks clearly with confidence and control; shows awareness of the listener ₁..... ₂
- (i) Talks and listens confidently and with control, consistently showing awareness of the listener by including relevant detail. Uses language to work out and clarify ideas, showing control of a range of appropriate vocabulary ₁..... ₂

C. Linking sounds and letters **Yes** **No**

The Study Child:

- (a) Joins in rhyming and rhythmic activities ₁..... ₂
- (b) Shows an awareness of rhyme and alliteration ₁..... ₂
- (c) Links some sounds to letters ₁..... ₂
- (d) Links sounds to letters, naming and sounding letters of the alphabet..... ₁..... ₂
- (e) Hears and says initial and final sounds in words ₁..... ₂
- (f) Hears and says vowel sounds within words ₁..... ₂
- (g) Uses phonic knowledge to read simple and regular words ₁..... ₂
- (h) Attempts to read more complex words, using phonic knowledge ₁..... ₂
- (i) Uses knowledge of letters, sounds and words when reading and writing independently..... ₁..... ₂

D. Reading

Yes No

The Study Child:

- (a) Is developing an interest in books 1 2
- (b) Knows that print conveys meaning 1 2
- (c) Recognises a few familiar words 1 2
- (d) Knows that, in English or Irish, print is read from left to right and top to bottom 1 2
- (e) Shows an understanding of the elements of stories, such as main character, sequence of events, and openings 1 2
- (f) Reads a range of familiar and common words and simple sentences independently 1 2
- (g) Retells narratives in the correct sequence, drawing on language patterns of stories 1 2
- (h) Shows an understanding of how information can be found in non-fiction texts to answer questions about where, who, why, and how 1 2
- (i) Reads books of own choice with some fluency and accuracy 1 2

E. Numbers

Yes No

The Study Child:

- (a) Says some number names in familiar contexts, such as in nursery rhymes 1 2
- (b) Counts reliably up to three everyday objects 1 2
- (c) Counts reliably up to six everyday objects 1 2
- (d) Says number names in order 1 2
- (e) Recognises numerals 1 to 9 1 2
- (f) Counts reliably up to 10 everyday objects 1 2
- (g) Orders numbers up to 10 1 2
- (h) Uses developing mathematical ideas and methods to solve practical problems 1 2
- (i) Recognises, counts, orders, writes, and uses numbers up to 20 1 2

9. In so far as your professional experience allows, please rate the Study Child in relation to all children of this age (not just in their present class or, even, school).

Well above Average Above average Average Below average Well below average NA

- (a) Speaking and listening in English 1 2 3 4 5 6
- (b) Speaking and listening in Irish 1 2 3 4 5 6
- (c) Reading in English 1 2 3 4 5 6
- (d) Reading in Irish 1 2 3 4 5 6
- (e) Writing in English 1 2 3 4 5 6
- (f) Writing in Irish 1 2 3 4 5 6
- (g) Science 1 2 3 4 5 6
- (h) Maths and numeracy 1 2 3 4 5 6
- (i) Physical Education (PE) 1 2 3 4 5 6
- (j) Arts (e.g. art/design, music, drama) 1 2 3 4 5 6

10a. With regard to the Study Child's education, how interested do the Study Child's parents/guardians appear to be?

Very Interested Moderately interested Very little interest Uninterested Cannot say N/A

- Mother appears to be 1 2 3 4 5 6
- Father appears to be 1 2 3 4 5 6

10b. How often do the following happen?

Daily At least once at week At least twice a month Monthly Less often Never

- (a) You meet informally with the child's mother/father 1 2 3 4 5 6
- (b) The child's mother/father talks to you about the child's behaviour 1 2 3 4 5 6
- (c) The child's mother/father talks to you about the child's schoolwork 1 2 3 4 5 6
- (d) You ask the child's mother/father to come to the school to discuss the child 1 2 3 4 5 6
- (e) The child's mother/father encourages the child's learning at home (e.g. reading with them) 1 2 3 4 5 6

11. Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please mark the box for 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 your answers on the basis of the child's behaviour over the last six months or this school year.

	Not True	Somewhat True	Certainly True
(a) Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b) Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Shares readily with other children (treats, toys, pencils, etc).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Rather solitary, tends to play alone.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g) Generally obedient, usually does what adults request.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h) Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(i) Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(j) Constantly fidgeting or squirming.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(k) Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(l) Often fights with other children or bullies them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(m) Often unhappy, down-hearted or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(n) Generally liked by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(o) Easily distracted, concentration wanders.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(p) Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(q) Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(r) Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(s) Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(t) Often volunteers to help others (parents, teachers, other children)...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(u) Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(v) Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(w) Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(x) Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(y) Sees tasks through to the end, good attention span.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

12. Please reflect on the degree to which each of the following statements currently applies to your relationship with the Study Child. Using the scale below, tick the appropriate box for each item.

	Definitely does not apply	Does not really apply	Neutral, not sure	Applies somewhat	Definitely applies
(a) I share an affectionate, warm relationship with this child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) This child and I always seem to be struggling with each other....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) If upset, this child will seek comfort from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) This child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) This child values his/her relationship with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) When I praise this child, he/she beams with pride.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) This child spontaneously shares information about him/herself.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) This child easily becomes angry with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) It is easy to be in tune with what this child is feeling.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) This child remains angry or is resistant after being disciplined....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Dealing with this child drains my energy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(l) When this child is in a bad mood, I know we're in for a long and difficult day.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(m) This child's feelings toward me can be unpredictable or can change suddenly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(n) This child is sneaky or manipulative with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(o) This child openly shares his/her feelings and experiences with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

13. Do any of the following limit the kind or amount of activity the Study Child can do at school?

(Please tick 'Yes' or 'No' for each)

	Yes	No
(a) Physical disability or visual or hearing impairment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
(b) Speech impairment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
(c) Autism spectrum disorders.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
(d) General learning disability: mild	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
(e) General learning disability: moderate/severe/profound	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
(f) Specific learning difficulties (e.g. dyslexia)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
(g) Emotional or behavioural problem (e.g. Attention Deficit (Hyperactivity) Disorder – ADD, ADHD).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
(h) Home environment / problems at home.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
(i) Has limited knowledge of the main language of instruction.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
(j) Discipline problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
(k) Poor attendance.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
(l) Other (<i>please specify</i>)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

14. If you answered 'yes' to any of the questions at Q.13 above: Does the Study Child receive special help or resources in the school because of this (these) limitation(s)?

Yes..... ₁ No ₂ Don't know ₃

15. If yes, what extra services has the Study Child received that are specifically provided through school to support his/her learning? (Please tick all that apply)

Speech therapy	<input type="checkbox"/> ₁	Learning support / resource teaching	<input type="checkbox"/> ₄
Psychological assessment.....	<input type="checkbox"/> ₂	Special Needs Assistant	<input type="checkbox"/> ₅
Behavioural management programmes.....	<input type="checkbox"/> ₃	Occupational therapy	<input type="checkbox"/> ₆
		Other (<i>please specify</i>)	<input type="checkbox"/> ₇

Thank you for completing this questionnaire about the Study Child.

When you have completed both your Teacher-on-Self and all the Teacher-on-Pupil questionnaires, please seal them in the enclosed envelope and give them to the Principal, for return to the Economic and Social Research Institute (ESRI).