

Appendices to Design, Instrumentation and Procedures for the Infant Cohort at Wave 2 (3 years)

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Appendix A – Introductory letter to Parents / Guardians



Date:
Our ref :

Dear,

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

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

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

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

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

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

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

Thanking you in anticipation,

Yours sincerely,

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

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



Appendix A - Information Sheet for Parents / Guardians

INFORMATION FOR PARENTS / GUARDIANS

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

Your child was one of over 11,000 children and their families who took part in the first phase of the study. We would like to re-interview you to find out how your child has grown and changed since our last visit.

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

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

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

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

This information will help the Government to make decisions on 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 we have been busy analysing all that information. The first report on the 9-month-old children will be published at the end of 2010. You may have seen the first results from our other group of children, the 9-year-olds, which were published in December 2009.

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

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

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

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

Who is running the study?

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

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

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

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

Step One: An interviewer will contact you to make arrangements to come back and 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 two hours.

Step Three: Now that your child is a little older we would like to get him/her involved in the study. With your consent we would like to administer two short assessment tests to your child. The first 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. Your child will need to be awake and alert for this part of the visit. The results of these tests will be kept strictly confidential and are only for the purposes of the study. Individual results will not be seen by you or your family or anyone outside the Study Team.

Step Four: If there is another parent living outside the home or someone else, such as a childminder, who looks after the child on a regular basis, we would, with your permission, like to send them a short questionnaire in the post.

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

Confidentiality

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

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

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

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

What kind of questions will my family be asked?

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

- your child's health and 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 when your child is five years old.

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

GROWING UP IN IRELAND

Who are the Interviewers?

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). 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- 8632000.

What are my rights if I take part?

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

What do I do next?

An interviewer will call to your home to 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.

Where can I find out more information?

Phone: Freephone 1800 200 434

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

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

Visit our website: www.growingup.ie

Email: Email us at growingup@esri.ie

Post:

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



Appendix A –Consent Form for Parents / Guardians

PARENT'S /GUARDIAN'S CONSENT FORM

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

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to my child, and myself, being included in research being conducted for the *Growing Up in Ireland* study.
- I understand that the main aim of the project is to build a bank of information about the lives of children in Ireland today and into the future.
- I understand that a range of information will be collected, including information from my child's other parent and my spouse or partner (where different), and his or her childminder (if relevant).
- I understand that the information provided by me and my family will have our names, address and other identifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.
- I understand that although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given by my spouse/partner (if relevant), my child's other parent (where different) or childminder (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 when my child is 5 years of age.
- I understand that I may withdraw my participation, and that of my child, at any time, including after the information has been collected.

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

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

Signature of Parent / Guardian: _____ Date: _____

Contact telephone: _____

If relevant:

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

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

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

Date: _____ Contact telephone: _____

GROUP: HHOLD:

Appendix B: Primary Caregiver Main Questionnaire



NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) 3-YEAR QUESTIONNAIRE

STRICTLY CONFIDENTIAL

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

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

Section A – Household Composition

A1a. [INTERVIEWER: Is <primary caregiver at time 1> still resident in the household?

Yes ₁ No ₂ →

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

Yes ₁ No ₂

A1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at time 1] lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.

A2. *The name, sex, date of birth, and relationship of each person to the <primary respondent at time 1> and <child> will be checked and edited where necessary and their residency in the household at time 2 confirmed.*****

No.	First name	Sex 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: CARD A2E1 Mother	R'SHIP TO: CARD A2E2 Study Child	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other		
1		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>	///										
2		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>	///										
3		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2: ASK QUESTIONS AS1 – AS3 ON THE SENSITIVE QUESTIONNAIRE]

[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID AT TIME 1 - ADD THEM TO THE NEW GRID BELOW]

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"/> <input type="checkbox"/>	____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22		<input type="checkbox"/> <input type="checkbox"/>	____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23		<input type="checkbox"/> <input type="checkbox"/>	____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24		<input type="checkbox"/> <input type="checkbox"/>	____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25		<input type="checkbox"/> <input type="checkbox"/>	____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	----							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>														

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

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

Yes _1 No _2 → [INT: Check Household Grid]

[ASK ONLY IF <TIME 1 PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT TIME 2.]

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

Yes _1 Go to A9a No _2

A6a. Why is that?

.....

IF PRIMARY CAREGIVER FROM TIME 1 HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:

A6b. You mentioned that <spouse/partner> [identified at 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 No _2 [Int: please establish who is the Primary Caregiver of <child> at this time]

Go to A9a

IF PRIMARY CAREGIVER AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK A7a – A9.

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

Yes _1 No _2 → [INT: Ask to speak to PCG]

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

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

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

Yes _1 No _2

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

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

					<input type="checkbox"/> b										
52		<input type="checkbox"/> <input type="checkbox"/> b	___ ___ ___		<input type="checkbox"/> <input type="checkbox"/> b		////	<input type="checkbox"/>	<input type="checkbox"/> b	<input type="checkbox"/> B	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
53		<input type="checkbox"/> <input type="checkbox"/> b	___ ___ ___		<input type="checkbox"/> <input type="checkbox"/> b			<input type="checkbox"/>	<input type="checkbox"/> b	<input type="checkbox"/> B	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
54		<input type="checkbox"/> <input type="checkbox"/> b	___ ___ ___		<input type="checkbox"/> <input type="checkbox"/> b			<input type="checkbox"/>	<input type="checkbox"/> b	<input type="checkbox"/> B	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
55		<input type="checkbox"/> <input type="checkbox"/> b	___ ___ ___		<input type="checkbox"/> <input type="checkbox"/> b			<input type="checkbox"/>	<input type="checkbox"/> b	<input type="checkbox"/> B	<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 brother(s) or sister(s) who live outside the household? Please include full, half or step brothers or sisters?

Yes 1 No 2

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

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

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

- | | | | | |
|----|----------------------------|----------------------------|-------------------|-------------------------|
| 1. | Male | Female | Date of Birth | Relationship to <child> |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | ___ / ___ / _____ | SHOW CARD A9c |
| 2. | Male | Female | Date of Birth | Relationship to <child> |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | ___ / ___ / _____ | SHOW CARD A9c |
| 3. | Male | Female | Date of Birth | Relationship to <child> |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | ___ / ___ / _____ | SHOW CARD A9c |

Section B - Child's Habits and Routines

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

B1. On a normal day, what time in the evening does <child> usually go to sleep? _____ (24 hour clock)

B2. On a normal day, what time does <child> wake up at in the morning? _____ (24 hour clock)

B3. 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]

B4. 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.....

B5. [CARD B5] Does <child> wear nappies / training pants / pull-ups?
Always
Sometimes
Never

- (a) during the day ₁ ₂ ₃
 (b) at night ₁ ₂ ₃

B6. [CARD B6] How often does he/she suck a soother or his/her thumb or finger(s)?

- | | Most of the time | Sometimes | Never |
|---------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) Soother | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| (b) Thumb/finger(s) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> 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 | Not
really | Neutral
not sure | Applies
somewhat | Definitely
applies |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. I share an affectionate, warm relationship with my child. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. My child and I always seem to be struggling with each other..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. If upset, my child will seek comfort from me | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. My child is uncomfortable with physical affection or touch from me.... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e. My child values his/her relationship with me..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| f. When I praise my child he/she beams with pride | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| g. My child spontaneously shares information about 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 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
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"/> ₈ |
| 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"/> ₈ |
| 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"/> ₈ |
| 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"/> ₈ |
| 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"/> ₈ |
| 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"/> ₈ |
| 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"/> ₈ |
| 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"/> ₈ |

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 C6z_1**

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 _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 _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 _17
- r. Spina bifida/hydrocephalis..... _18
- s. Cerebral palsy _19
- t. Autism Spectrum Disorder _20
- u. Other (please specify)..... _21

[INT – CODE FOR UP TO 3 ILLNESSES]

C4. Has this illness, condition or disability been diagnosed by a medical professional?

Yes _1

No..... _2

C5. Since when has <child> had this illness, condition or disability? ____month ____year

C6. Do any of these illnesses hamper <child> in his/her daily activities?

Yes, severely _1

Yes, to some extent _2

No..... _3

C6z_1. 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

C6z_2. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? _____ N

C6z_3. Has <child> been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) in the past 12 months?

Yes _1

No..... _2

C7. Has <child> had the Measles/Mumps/Rubella (MMR) vaccination?

Yes _1

No..... _2

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

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 that required hospital treatment or admission?

Yes _1 No _2

C12. How many separate accidents has <child> ever had that required hospital treatment or admission? _____ accidents

C13. How many of these accidents involved bone fractures or breaks? _____

C14. 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

C15. 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

C16. [Card C16] 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 (specify) | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |

C17. 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

C18. [Card C18] In which areas does child have difficulties? What speech problems does <child> have? [TICK ALL THAT APPLY]

- | | | | |
|---|-----------------------------|---|------------------------------|
| A. Reluctant to speak | <input type="checkbox"/> _1 | G. Voice sounds unusual..... | <input type="checkbox"/> _7 |
| B. Speech not clear to the family | <input type="checkbox"/> _2 | H. Stutters, stammers..... | <input type="checkbox"/> _8 |
| C. Speech not clear to others | <input type="checkbox"/> _3 | I. Lisp or difficulty pronouncing certain letter combinations.. | <input type="checkbox"/> _9 |
| D. Speech is developing slowly | <input type="checkbox"/> _4 | J. Other (please specify) | <input type="checkbox"/> _10 |
| E. Difficulty finding words..... | <input type="checkbox"/> _5 | K. Don't know | <input type="checkbox"/> _99 |
| F. Difficulty putting words together..... | <input type="checkbox"/> _6 | | |

C19. Has <child> received any treatment for his/her speech or language problem?

Yes ₁ No..... ₂

C20. How old was <child> [in months] when he/she took his/her first steps unsupported?

Interviewer: By unsupported I mean that he/she walked on his/her own without holding onto someone else or something else for support.

_____ months ₉₉ child cannot walk

C21. [Card C21] Getting children to brush their teeth is a challenge faced by many parents. I'd like to ask you a few questions about <child's> teeth. How often is a toothbrush used to clean < child's > teeth?

More than twice a day ₁
 Twice a day ₂
 Once a day ₃
 Less often than once a day ₄
 Rarely ₅
 Not at all ₆

C22. Has <child> been to visit the dentist because of a problem with his/her teeth?

Yes ₁ No..... ₂

[BLAISE CONDITION: ASK C23 – C24 ONLY OF THOSE WHO WERE STILL BREASTFEEDING AT 9 MONTHS OF AGE]

C23. When we last interviewed you in _____, you told us that you were still breastfeeding <child>. Can I just check, are you still breastfeeding <child>? [Include expressed milk]

Yes ₁ No..... ₂

C24. How old was <child> [in months] when he/she completely stopped being breastfed? _____ Months

[Int: Only Accept answer in Months]

C25. [Card C25] In the last 24 hours has <child> had the following foods and drinks once, more than once, or not at all?

	Not At all	Once	More than Once
A. Fresh fruit.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
B. Cooked vegetables.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
C. Raw vegetables or salad.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
D. Hamburger, hot dog, sausage or sausage roll, meat pie,.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
E. Hot chips or French fries.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
F. Crisps or savoury snacks.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
G. Biscuits, doughnuts, cake, pie or chocolate.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
H. Sweets.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I. Full fat cheese/yoghurt/ fromage frais.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
J. Low fat Cheese/ low fat yoghurt.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
K. Water (tap water / still water/ sparkling water).....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
L. Fizzy drinks / minerals / cordial / squash (diet).....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
M. Fizzy drinks / minerals / cordial / squash (not diet).....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
N. Full cream milk or full cream milk products.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
O. Skimmed/Semi-skimmed milk or Skimmed/Semi skimmed milk products.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

C26. [Card C26] Please read the following statements and indicate the answer which best describes how you deal with feeding <child>. It is important to remember that there are no right or wrong answers to these questions, we are interested in what parents really feel and do.

	Never	Rarely	Sometimes	Often	Always
1. I decide how many snacks <child> should have.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. I give <child> something to eat to make him/her feel better when s/he is feeling upset.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. I let <child> decide when s/he would like to have her meal.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. I give <child> something to eat if s/he is feeling bored.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. I insist <child> eats meals at the table.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. I let <child> eat between meals whenever s/he wants.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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

- 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. 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

Section E - Child's play and activities

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 pleasant (smiles, laughs) when first arriving in unfamiliar places	<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. This child plays continuously for more than 10 minutes at a time with a favourite toy	<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. This child responds to frustration intensely (screams, 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
D. This child smiles when an unfamiliar adult plays with him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. This child goes back to the same activity after a brief interruption (snack, trip to toilet)	<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. This child has moody "off" days when he/she is irritable all day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
G. This child is outgoing with adult strangers outside the home	<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 a routine task (dressing, picking up toys) for 5 minutes or more	<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. This child shows much bodily movement (stomps, writhes, swings arms) when upset or crying	<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. This child is still wary of strangers after 15 minutes	<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. This child stops to examine objects thoroughly (5 minutes or more)	<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. This child reacts strongly (cries, screams) when unable to complete a play 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
M. This child practices a new skill (throwing, building, drawing for 10 or more minutes)	<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

We are interested in the various kinds of activities that children do with their families. I would like you to think about activities which <child> may do at home. Please think about the usual pattern for <child> at the moment.

E3. [Card E3] Now I'd like to ask you about activities which <child> may do at home.

a) On how many days in an average week does anyone at home read to <child>

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

b) On how many days in an average week does anyone at home help <child> learn the ABC or alphabet

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

c) On how many days in an average week does anyone at home help <child> learn numbers or counting

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

d) On how many days in an average week does anyone at home help <child> learn songs, poems or nursery rhymes

0 days 0 1 day 1 2 days 2 3 days 3 4 days 4 5 days 5 6 days 6 7 days 7

e) On how many days in an average week does anyone play games [board games, jigsaws, card games etc] with child

0 days 0 1 day 1 2 days 2 3 days 3 4 days 4 5 days 5 6 days 6 7 days 7

f) On how many days in an average week does <child> paint, draw, colour, or play with play-doh at home

0 days 0 1 day 1 2 days 2 3 days 3 4 days 4 5 days 5 6 days 6 7 days 7

g) On how many days in an average week does anyone at home play active games with <child> (e.g. football)?

0 days 0 1 day 1 2 days 2 3 days 3 4 days 4 5 days 5 6 days 6 7 days 7

E4. 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 10..... 2 More than 30..... 5
10 to 20 3

E5. Typically, how many hours a day does <child> sit and watch television or videos/dvds?
_____ hours _____ minutes [If none, enter 0 for hours and minutes]

E6. And are there rules in your family about what <child> may watch on television?

Yes 1 No..... 2

E7. Is there a television or computer (including games console) in <child's> bedroom?

Yes 1 No..... 2

E8. [Card E8] What does <child> prefer to do when he/she has a choice about how to spend free time?

Usually chooses inactive pastimes like TV, drawing or playing with toys in one place..... 1
Usually chooses active pastimes like running around, riding push-cars, kicking balls..... 2
Just as likely to choose active as inactive 3

E9. Can your child ride a tricycle or other similar toy vehicle with pedals?

Yes, can use pedals to cycle 1
Can sit on tricycle and push it along with his/her feet but does not pedal properly yet 2
No..... 3
Not sure/doesn't have tricycle..... 4

E10. Can your child assemble simple jigsaw puzzles OR assemble and break-up lego/duplo pieces? (He/she can manipulate the pieces even if he/she does not solve the puzzle correctly)

Yes 1 No..... 2 Not sure 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 argumentative with adults.....	<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. Can stop and think things out before acting.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
V. Can be spiteful to others.....	<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. Does <child> have any brothers or sisters?

Yes ₁ No ₂

F3. [Card F3] In general, how well does <child> get on with his/her siblings?

Gets on well with his/her siblings	<input type="checkbox"/> ₁
Mixed	<input type="checkbox"/> ₂
Does not get on well with his/her siblings	<input type="checkbox"/> ₃
Does not see them.....	<input type="checkbox"/> ₄

Section G – Childcare Arrangements

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

G1. Is <child> currently being 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 G8a

G2. (a) Who minds <child> on a regular basis each week? [Int: Show Card G2]

(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 G3a	____N	____N	€ _____	<input type="checkbox"/> 4
b. A non-relative in your home.....	<input type="checkbox"/> 2 Go to G4a	____N	____N	€ _____	<input type="checkbox"/> 4
c. A relative in their home.....	<input type="checkbox"/> 3 Go to G3b	____N	____N	€ _____	<input type="checkbox"/> 4
d. A non-relative in their home.....	<input type="checkbox"/> 4 Go to G4b	____N	____N	€ _____	<input type="checkbox"/> 4
e. Creche, Montessori, pre-school, naíonra or other centre-based care setting, ...	<input type="checkbox"/> 5 Go to G5	____N	____N	€ _____	<input type="checkbox"/> 4
f. Other (please specify)	<input type="checkbox"/> 6 Go to G5	____N	____N	€ _____	<input type="checkbox"/> 4

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

G3a. [Card G3] Please specify how this person is related to <child>

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

G3b. [Card G3] Please specify how this person is related to <child>

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

G4a. [Card G4a] 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

G4b. [Card G4b] Which of the following best describes that person?

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

G5. What age was <child> when you started to use the main childcare arrangement? _____ months

[INT: IF ANSWER AT G2 IS (A) OR (B) PLEASE GO TO G7]

G6a. 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

G6b. 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

G7. [Card G7] 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.

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. 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
b. My caregiver knows 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
c. My child is happy in this arrangement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. The place where my child is cared for is kept clean.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child spends time learning letters and numbers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. There are different play activities, e.g. water based, sand based, outdoor play, construction, painting etc. available to <child>.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G8a. [Card G8a] Have you heard of and do you intend to avail of the free preschool year scheme?

["All children aged between 3 years 3 months and 4 years 6 months at September 1st each year are eligible for the free pre-school year scheme which entitles them to receive free pre-school provision of between 2 and 3 hours per day."]

1. Currently availing of the preschool scheme 1
2. Have heard of and plan to avail of the preschool scheme 2
3. Have heard of but unsure if I will avail of the preschool scheme 3
4. Have heard of but don't plan to avail of..... 4
5. Have never heard of the preschool scheme 5

G8b. Why not?

Note: 3 hours per day over 38 weeks per year (or 2 hours and 15 minutes per day over 50 weeks)

G9. [Card G9] Have you registered or enrolled <child> with a primary school?

- No..... 1
- Yes, with one school..... 2
- Yes, with more than one school..... 3
- Not registered, <child> will definitely attend local school..... 4

[If <child> is in receipt of childcare for 8 or more hours per week, ask of the person identified as the main childcare provider at G2]

G10. We would like to send a short questionnaire to the person/centre who provides this care to <child>. Would you be able to provide us with the contact details for the person or centre who provides this care to <child>?

- Yes..... 1
- No, does not wish regular carer to be contacted 2
- No, does not have contact details for regular carer 3

**Interviewer:
Record contact details of regular carer on the Work Assignment Sheet**

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)

H2. [Card H2] 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.

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	I don't get enough help	I don't get any help at all	I don't need any help
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 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 his/her grandparents would you say (child) has a close or very close relationship? _____ N

H9. [Card H9] Here are some questions about how much support you receive from <child's> grandparents

	Never	Less often than once every 3 months	At least once every 3 months	At least once a month	At least once a week	Every day or almost every day
(a) How often do <child's> grandparents babysit?	<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) How often do <child's> grandparents have <baby> to stay over night?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
(c) How often do <child's> grandparents take <child> out?	<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) How often do <child's> grandparents buy toys or clothes for <child>?	<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) How often do <child's> grandparents help <child> learn the ABC/Alphabet or Numbers/Counting?	<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) How often do <child's> grandparents help you out financially?	<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: 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:

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

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. [Card J3] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?

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

J4a. Do you feel that your current accommodation (excluding location) is suitable for your family's needs?

- Yes ₁
- No ₂

J4b. [CARD J4b] Why is that? [Int: tick all that apply]

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

J5. [Card J5] Which of these descriptions BEST describes your usual situation in regard to work?

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

- | | | | |
|---|-----------------------------|--|------------------------------|
| 0. Currently on maternity leave, but have a job to return to..... | <input type="checkbox"/> _0 | 4. Student full-time..... | <input type="checkbox"/> _4 |
| 1. Employee (incl. apprenticeship or Community Employment) | <input type="checkbox"/> _1 | 5. On State training scheme (FAS, Failte Ireland etc)..... | <input type="checkbox"/> _5 |
| 2. Self employed outside farming..... | <input type="checkbox"/> _2 | 6. Unemployed, actively looking for a job | <input type="checkbox"/> _6 |
| 3. Farmer..... | <input type="checkbox"/> _3 | 7. Long-term sickness or disability..... | <input type="checkbox"/> _7 |
| | | 8. Home duties / looking after home or family | <input type="checkbox"/> _8 |
| | | 9. Retired..... | <input type="checkbox"/> _9 |
| | | 10. Other (please specify) | <input type="checkbox"/> _10 |

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT TIME 1 BUT IS WORKING AT TIME 2 OR ON MATERNITY LEAVE AT TIME 1 BUT IS WORKING AT TIME 2 ASK J6a]

J6a. When did you return to work? _____ mth _____ year

[BLAISE CONDITION: IF RESPONDENT IS CURRENTLY ON MATERNITY LEAVE AND PLANS TO RETURN TO WORK ASK J6b]

J6b. When will you return to work? _____ mth _____ year

J7. 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

J8. 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]

J9. [Card J9] 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

J10. Do you supervise or manage any personnel in your job?

Yes _1 No _2

J11. How many? _____

J12. How many employees (if any) do you have? _____ employees N A _99

J13. [Ask only if Farmer at J5.] How many acres do you farm? _____ acres _____ hectares

Go to J23

J14. Apart from holiday or casual work, have you ever had a full-time job? Yes ... _1 No .. _2 **Go to J19**

J15. In what year did you last work in that full-time job? _____ year

J16. 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

J17. [Card J17] 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

J18. [Ask only if Farmer at J16] How many acres did you farm? _____ acres _____ hectares

J19. Do you currently have a part time job outside the home? Yes ₁ No ₂ Go to J22

J20. On average, how many hours per week do you work in that part-time job? _____ hours

J21. [Card J21] 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 J23

J22. [Card J22] 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)..... _____

Go to J23

J23. [Card J23] What is the occupation of your spouse / partner?

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

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

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

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

Write in main OCCUPATION

If a farmer or a farm worker, how many acres do you farm? _____ acres

J24. Looking at Card J24, 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 J24]

J25. And of these sources of income which is the largest source of income at present? [Int Tick one box only in Col. B] [Card J24]

	<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

J26. [Card J26] 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 J27. IF EXACT FIGURE GIVEN GO TO J29]

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

J27. [Card J27] I know that it is difficult to give an exact figure for household income but on Card J27 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

<u>Per Week</u>	<u>Per Month</u>	<u>Per Year</u>	<u>Category</u>
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> → Section A, Card J28
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000 ...	B <input type="checkbox"/> → Section B, Card J28
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000 ...	C <input type="checkbox"/> → Section C, Card J28
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000 ...	D <input type="checkbox"/> → Section D, Card J28
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000 ...	E <input type="checkbox"/> → Section E, Card J28
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000 ...	F <input type="checkbox"/> → 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"/> → 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"/> → 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"/> → Section I, Card J28
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> → Section J, Card J28
Refused.....	<input type="checkbox"/> ₇₇ GO TO J29	Don't Know	<input type="checkbox"/> ₈₈ GO TO J28

J28. Would that be [Int: Show Card J28 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

J29. Does anyone in your household currently receive any Social Welfare payments?

Yes₁ No.....₂

J30. [Card J30] Now I'd like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card J30, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]

Social Welfare Payment		Social Welfare Payment	
UNEMPLOYMENT PAYMENTS			
Jobseeker's Benefit	<input type="checkbox"/> ₁	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> ₂
EMPLOYMENT SUPPORTS			
Family Income Supplement	<input type="checkbox"/> ₃	Back to Work Enterprise Allowance	<input type="checkbox"/> ₆
Farm Assist	<input type="checkbox"/> ₄	Part-time Job Incentive Scheme	<input type="checkbox"/> ₇
Back to Work Allowance (Employees)	<input type="checkbox"/> ₅	Back to Education Allowance	<input type="checkbox"/> ₈
Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> ₉	Rural Social Scheme	<input type="checkbox"/> ₁₀
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's or Widower's (Contributory) Pension	<input type="checkbox"/> ₁₁	Deserted Wife's Allowance	<input type="checkbox"/> ₁₅
Deserted Wife's Benefit	<input type="checkbox"/> ₁₂	Prisoner's Wife's Allowance	<input type="checkbox"/> ₁₆
Widowed Parent Grant	<input type="checkbox"/> ₁₃	One-Parent Family Payment	<input type="checkbox"/> ₁₇
Widow's or Widower's (Non-Contrib) Pension	<input type="checkbox"/> ₁₄		
CHILD RELATED PAYMENTS			
Maternity Benefit	<input type="checkbox"/> ₁₈	Guardian's Payment (Contributory)	<input type="checkbox"/> ₂₁
Adoptive Benefit	<input type="checkbox"/> ₁₉	Guardian's Payment (Non-Contributory)	<input type="checkbox"/> ₂₂
Health & Safety Benefit	<input type="checkbox"/> ₂₀	Guardian/Orphan's pension	<input type="checkbox"/> ₂₃
DISABILITY AND CARING PAYMENTS			
Illness Benefit	<input type="checkbox"/> ₂₄	Prescribed Relative's Allowance	<input type="checkbox"/> ₃₂
Incapacity 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		

J31a. Does anyone in your household currently receive rent or mortgage supplement? Yes..._1 No..._2

J31b. How much does the household receive PER WEEK in rent or mortgage supplement? €-----

J31c. Do you receive or have you received in the last 12 months, any of the following payments? [Tick all that apply]

- (a) Back to school clothing and footwear allowance..... _1
- (b) Exceptional and urgent needs payments (from Community Welfare Officer) _3
- (c) Foster Care Allowance _3

J32. [Card J32] 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

J33. [Card J33] A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

- With great difficulty _1
- With difficulty _2
- With some difficulty _3
- Fairly easily _4
- Easily _5
- Very easily _6

J34. 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

J35a. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

- Yes_1
- No_2

J35b. [CARD J35b] Why was that?

- Didn't want to....._1
- Couldn't leave the children_4
- Have a full social life in other ways_2
- Illness....._5
- Couldn't afford to_3
- Other (specify) ______6

J36a. Does your family have a car?

- Yes_1
- No_2

J36b. Would your family like to have a car but you cannot afford it?

- Yes_1
- No_2

J37. Since our last interview when <child> was 9 months old 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

A significant effect on your family

A small effect on your family

No effect at all on your family

1

2

3

4

J38. [Card J38] How has it affected your family? [Int: tick all that apply]

- a. You were made redundant / lost your job 1
- b. Your spouse/partner was made redundant / lost their job 2
- c. Your or your spouse/partner's working hours were reduced..... 3
- d. Your or your spouse/partner's wages were reduced 4
- e. Your or your spouse/partner's social welfare benefits were reduced 5
- f. Your family can't afford luxuries (holidays, meals out etc)..... 6
- g. Your family can't afford / had to cut back on basics (food, clothes etc.)..... 7
- h. You are behind with rent / mortgage payments 8
- i. You are behind with utility bills (e.g. electricity, gas bills etc)..... 9
- j. Other (please specify) 10

Section K – About You

Now some more questions about yourself

K1. [Card K1] What is the highest level of education (full-time or part-time) which you have completed to date?

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

Second Level

- 3. Lower Secondary 3

(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).

- 4. Upper Secondary..... 4

(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent)

- 5. Technical or Vocational qualification 5

(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).

- 6. Both Upper Secondary and Technical or Vocational qualification 6

Third Level

- 7. Non Degree 7

(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)

- 8. Primary Degree 8

(Third Level Bachelor Degree)

- 9. Professional qualification (of Degree status at least) 9

- 10. Both a Degree and a Professional qualification..... 10

- 11. Postgraduate Certificate or Diploma..... 11

- 12. Postgraduate Degree (Masters) 12

- 13. Doctorate (Ph.D) 13

K2. At what age did you leave full-time education for the first time? _____ years

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

K3. What is <child's> first language?

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

[BLAISE CONDITION: ASK K4 –K6 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 1, NON-RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

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 1, NON-RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

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

[ASK K10 – K11 IF NOT AN IRISH CITIZEN AT TIME 1, NON RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

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 1 OR NEW RESPONDENT AT TIME 2]

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

1-5 years
ago
2

6-10 years
ago
3

11-20 years
ago
4

More than 20
years ago
5

Don't
Know
88

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

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

L3. Do you intend to continue living in Ireland?

Yes ₁

No..... ₂

OBSERVATIONS

Interviewer: ask the parent to get the child to do the following activities so that you can observe the child.

Now I would like to ask you some questions about how <child> uses his/her hands and legs.

3. Please ask your child to stand on one leg. **Interviewer: Have you observed the child to stand on one leg?**

Yes ₁

No..... ₂

4. Please ask your child throw a ball overhand. **Interviewer: have you observed the child throwing a ball overhand? (letting it fall to the ground does not count)**

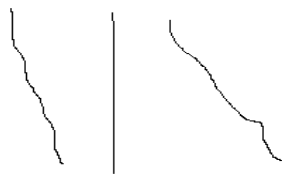
Yes ₁

No..... ₂

5. Using this pencil and piece of paper, please draw a vertical line from the top to the bottom of the page. Now ask your child to copy your line, but do not let him/her trace it. **Interviewer: have you observed the child to draw a vertical line even if it is not perfectly straight. (See pictures)**

Yes ₁

No..... ₂



Count as yes

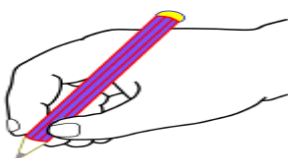


Count as no

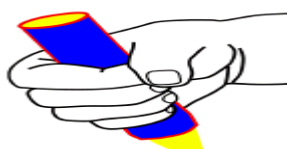
6. **Interviewer: When copying the line, does the child hold the crayon like the child in picture A (between thumb and forefinger)?**

Yes ₁

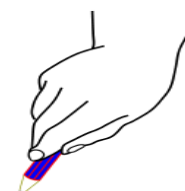
No ₂



Picture A (correct)



B. Incorrect



C. Incorrect

Appendix C: Primary Caregiver Sensitive Questionnaire



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

Primary Caregiver – SUPPLEMENTARY SECTION, 3-Year

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 it to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.**

X1. Are you male or female?

Male.....₁ Female₂

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

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

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

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

AS2. When did <Person from Wave 1> stop living with you: Since what month? _____ mth

AS3. When did <Person from Wave 1> 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-country₂

S4. Was this a within family adoption?

Yes₁ No₂

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 long has <child> been with your family? _____ months

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

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

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

Another foster family1 Own family2 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 married5 **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**

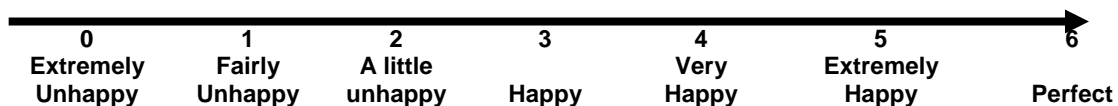
S18. When you and your partner argue, how often do you

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

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

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

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. 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
B. 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
C. 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
D. 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
E. 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
F. 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

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

[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

[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 when <child> was 9 months of age, 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 No₂ →Go to S36

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

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

- Lives here.....1 → **Go to S48**
 Deceased.....2 → **Go to S48**
 Temporarily lives elsewhere.....3 → **Go to S48**
 Lives elsewhere.....4 → **Go to S37**

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

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

S38. When did you separate or split up with <child's> biological father / mother?

- Before <child> was born.....1
 When <child> was less than 1 year old....2
 When <child> was 1-2 years old.....3
 In the last year.....4

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

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

S40. Briefly describe that arrangement

S41. How did you arrive at that arrangement?

- Court imposed arrangements.....1
 Formal negotiated arrangements other than legal (e.g. counsellor).....2
 Mutual agreement with no third party negotiator.....3

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

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

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

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

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

- No, he/she never makes any payment.....1
 Yes, he/she makes a regular payment.....2
 Yes, he/she makes payments as required.....3

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

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

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

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

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

- 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

Appendix D: Secondary Caregiver Main Questionnaire

**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
3-YEAR QUESTIONNAIRE
STRICTLY CONFIDENTIAL
SECONDARY CAREGIVER QUESTIONNAIRE**

GROUP HHOLD. RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

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

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

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

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

Section A - Introduction

[ASK A1 IF NON RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

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

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

Section B - Parental Health

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

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

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

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

Yes ₁ No ₂

B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.
 [Int. please record diagnosis – not symptoms of the problem.]

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

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

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

Section C – Parenting and Family Context

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

C1. [Card C1] 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	Not really	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My child and I always seem to be struggling with each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. If upset, my child will seek comfort from me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child values his/her relationship with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. When I praise 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 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 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

C2. [Card C2] 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.

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

	Rarely Almost never	Sometimes	Often	Always / Almost always	Never /
(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

C3. [Card C3] 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

C4. [Card C4] 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

D: SOCIO-DEMOGRAPHICS

Time Section Started (24 hour clock)

Now some questions about the circumstances of your household.

D1. [Card D1] Looking at Card D1, which of these descriptions *BEST* describes your usual situation in regard to work?

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

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

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

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

D3. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs. _____ hours

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

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

D5. [Card D5] What is your occupation in your main job?

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

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

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

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

Write in your main OCCUPATION

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

Yes _1 No _2

D7. How many? _____

D8. How many employees (if any) do you have? _____ employees N A _99

D9. [Ask only if Farmer at D1.] How many acres do you farm? _____ acres

D10. Apart from holiday or casual work, have you ever had a full-time job? Yes ... _1 No.... _2 **Go to D15**

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

D12. When you last worked in that full-time job were you?

Employee (incl. apprenticeship or Community Employment) _1 Self-employed outside farming _2 Farmer _3

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

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

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

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

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

Write in your main OCCUPATION

D14. [Ask only if Farmer at D12] How many acres did you farm? _____ acres

D15. Do you currently have a part time job outside the home? Yes _1 No..... _2 **Go to D18**

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

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

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

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

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

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

Write in your main OCCUPATION

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

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

- a. I can't find a job..... _____
- 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)..... _____

E: ABOUT YOU

Now some more questions about yourself

E1. [Card E1] What is the highest level of education (full-time or part-time) which you have completed to date?

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

Second Level

- 3. Lower Secondary 3
(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
- 4. Upper Secondary..... 4
(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent)
- 5. Technical or Vocational qualification 5
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).
- 6. Both Upper Secondary and Technical or Vocational qualification 6

Third Level

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

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

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

[BLAISE CONDITION: ASK E3 –E5 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 1, NON-RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

E3. Many people have problems with reading. Can I just check, can you read aloud to a child from a children's story book written in your native language?

- Yes 1
- No..... 2

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

Yes 1

No..... 2

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

Yes 1

No..... 2

[BLAISE CONDITION: ASK E6 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT TIME 1, NON-RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

E6. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

Yes 1

No..... 2

E7. Do you belong to any religion?

Yes 1

No..... 2

E8. [Card E8] Which religion?

Christian – no denomination 1

Roman Catholic 2

Anglican/Church of Ireland/Episcopalian 3

Other Protestant..... 4

Jewish 5

Muslim 6

Other (please specify) 7

E9. Are you a citizen of Ireland?

Yes..... 1

No 2

E10. What citizenship do you hold? _____

[ASK E11 – E13 IF NON RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

E11. Were you born in Ireland?

Yes..... 1

No 2

E12. In which country were you born? _____

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

Within the last
year
1

1-5 years ago
2

6-10 years
ago
3

11-20 years ago
4

More than 20
years ago
5

Don't
Know
88

E14. [Card E14] What is your ethnic or cultural background?

Please choose ONE section from 1 to 4 then tick the appropriate box.

1. White

Irish..... 1

Irish Traveller 2

Any other White background 3

2. Black or Black Irish

African..... 4

Any other Black background..... 5

3. Asian or Asian Irish

Chinese 6

Any other Asian background 7

4. Other, including mixed background..... 8

Appendix E: Secondary Caregiver Sensitive Questionnaire



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

Secondary Caregiver – SUPPLEMENTARY SECTION, 3-Year

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 it to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.**

X1. Are you male or female?

Male..... ₁ Female ₂

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

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

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

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

Yes..... ₁ No..... ₂ → Go to S7

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

Domestic..... ₁

Inter-country ₂

S4. Was this a within family adoption?

Yes ₁ No ₂

S5. From which country?

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

NOW PLEASE GO TO S12

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

Yes..... ₁ No..... ₂ → Go to S12

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

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

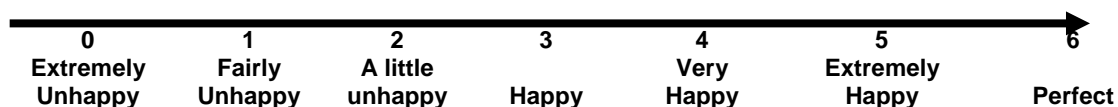
S18. When you and your partner argue, how often do you

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

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

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

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. 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 |
| B. 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 |
| C. 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 |
| D. 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 |
| E. 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 |
| F. 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 |

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 = ½ pint of beer or 1 glass of wine or 1 single spirits

[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 |

[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 | 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 |

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?

Daily ₁ Occasionally ₂ Not at all ₃

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 when <child> was 9 months of age, 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? Yes ₁ No ₂

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

Lives here..... ₁ → Go to S48
Deceased..... ₂ → Go to S48
Temporarily lives elsewhere ₃ → Go to S48
Lives elsewhere ₄ → Go to S37

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

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

S38. When did you separate or split up with <child's> biological father / mother?

Before <child> was born ₁
When <child> was less than 1 year old ₂
When <child> was 1-2 years old..... ₃
In the last year ₄

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

Formal.....1

Informal.....2

No parenting arrangement ...3

S40. Briefly describe that arrangement

S41. How did you arrive at that arrangement?

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

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

- Within ½ hour's drive from here1 More than 1 hour's drive from here.....3
Between ½ and 1 hour's drive from here..2 Outside the country.....4

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

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

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

- No, he/she never makes any payment1
Yes, he/she makes a regular payment2
Yes, he/she makes payments as required.....3

S45. 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
1 2 3 4 5 6

S46. 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
1 2 3 4 5

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

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

 Please give contact details

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

Appendix F: Primary Caregiver – Twin Questionnaire



The Economic and Social Research Institute
Whitaker Square
Sir John Rogerson's Quay
Dublin 2
Ph: 01-8632000 fax: 01-8632100



University of Dublin
Trinity College
College Green
Dublin 2



NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) 3-YEAR QUESTIONNAIRE

STRICTLY CONFIDENTIAL

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

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

Child's Name: _____

[Interviewer: please record, height and weight of the Study Twin below:]

Height: _____ cms

Weight: _____ kgs

INTRODUCTION

1. Can the following people usually tell the twins apart?

	Always/most of the time	Sometimes	Never/hardly ever
You.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Other family members.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

2. At what age did you first start to notice differences, if any, between the twins in terms of . . . ?

Height	_____ years or _____ months	<input type="checkbox"/> ₁	OR	No difference.....	<input type="checkbox"/> ₂
Weight	_____ years or _____ months	<input type="checkbox"/> ₁	OR	No difference.....	<input type="checkbox"/> ₂
Facial features	_____ years or _____ months	<input type="checkbox"/> ₁	OR	No difference.....	<input type="checkbox"/> ₂
Voice	_____ years or _____ months	<input type="checkbox"/> ₁	OR	No difference.....	<input type="checkbox"/> ₂
Personality	_____ years or _____ months	<input type="checkbox"/> ₁	OR	No difference.....	<input type="checkbox"/> ₂

3. Which twin was born first? _____ (child's first name only)

4. Are you personally a twin (or triplet)? Yes ₁ No ₂

5. Have you had any other multiple births? Yes ₁ No ₂

5a. _____ number of other children in multiple births

6. Have any of the following women in your family had multiple births? (Tick all that apply)

Your mother	<input type="checkbox"/> ₁	Twins' father's mother.....	<input type="checkbox"/> ₄
Your maternal grandmother	<input type="checkbox"/> ₂	Twins' father's maternal grandmother	<input type="checkbox"/> ₅
Your paternal grandmother.....	<input type="checkbox"/> ₃	Twins' father's paternal grandmother	<input type="checkbox"/> ₆
Other close blood relative (please specify) _____			<input type="checkbox"/> ₇

7. Compared to typical siblings of a similar age, would you say that the twins' relationship is?

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 A - Child's Habits and Routines

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

A1. On a normal day, what time in the evening does <child> usually go to sleep? _____ (24 hour clock)

A2. On a normal day, what time does <child> wake up at in the morning? _____ (24 hour clock)

A3. On a normal day how many hours would the <child> sleep *during* the day _____ hours

A4. How much is <child's> sleeping pattern or habits a problem for you?

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

A5. Does <child> wear nappies / training pants / pullups?

	Always	Sometimes	Never
(a) during the day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(c) at night	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

A6. How often does he/she suck a soother or his/her thumb or finger(s)?

	Most of the time	Sometimes	Never
(a) Soother	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(b) Thumb/finger(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

A7. [CARD A7] 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	Not really	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My child and I always seem to be struggling with each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. If upset, my child will seek comfort from me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child values his/her relationship with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. When I praise 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 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 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/experiences with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

A8. [Card A8] 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"/> 8
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"/> 8
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"/> 8
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"/> 8
E. Send him/her out of the room or to their 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"/> 8
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"/> 8
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"/> 8
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"/> 8

Section B - Child's physical health and development

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

B1. [Card B1] 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

B2. 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 B6z_1**

B3. [Card B3] What is this? [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	<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 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 17
- r. Spina bifida/hydrocephalis..... 18
- s. Cerebral palsy 19
- t. Autism Spectrum Disorder 20
- u. Other (please specify)..... 21

[INT – CODE FOR UP TO 3 ILLNESSES]

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

Yes 1 No..... 2

B5. Since when has <child> had this illness, condition or disability? _____month _____year

B6. Do any of these illnesses hamper <child> in his/her daily activities?

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

B6z_1. In the past year has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes 1 No..... 2

B6z_2. How many separate episodes/bouts of wheezing with whistling on his/her chest has the child had in the past 12 months? _____ N

B6z_3. Has the child been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) over the last 12 months?

Yes 1 No..... 2

B7. Has <child> had the Measles/Mumps/Rubella (MMR) vaccination?

Yes 1 No..... 2

B8. [Card B8] 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 general practitioner (GP) _____ N
- A paediatrician / consultant / hospital doctor _____ N
- A public health nurse _____ N
- A practice nurse (i.e. a nurse in a G.P's surgery/clinic).... _____ N
- A psychiatrist/psychologist..... _____ N
- Accident and Emergency _____ N
- A social worker..... _____ N

B9a. Has <child> received a course of antibiotics in the past 12 months?

Yes 1 No..... 2

B9b. In total how many courses of antibiotics has <child> received in the past 12 months? _____ N

B10. 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']

B11. Most children have accidents at some time. Has <child> ever had an accident or injury that required hospital treatment or admission?

Yes _1 No _2

B12. How many separate accidents has <child> ever had that required hospital treatment or admission?
_____ accidents

B13. How many of these accidents involved bone fractures or breaks? _____

B14. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction?

Yes, currently..... _1 Yes, in the past _2 No _3

B15. 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

B16. 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?

Yes _1 No _2

B17. Why did <CHILD> not get the medical care or treatment? Was this because [Tick all that apply]

- (a) You couldn't afford to pay _1
- (b) The necessary medical care wasn't available or accessible to you _1
- (c) You could not take time off work to visit the doctor with <child> _1
- (d) You wanted to wait and see if the problem got better _1
- (e) Child refused/fear of doctor _1
- (f) Child is still on the waiting list..... _1
- (g) Other reason (please specify) _1

B18. 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

B19. [Card B19] In which areas does child have difficulties? What speech problems does <child> have? [TICK ALL THAT APPLY]

- A. Reluctant to speak _1
- B. Speech not clear to the family _2
- C. Speech not clear to others..... _3
- D. Speech is developing slowly _4
- E. Difficulty finding words..... _5
- F. Difficulty putting words together..... _6
- G. Voice sounds unusual..... _7
- H. Stutters, stammers..... _8
- I. Lisp or difficulty pronouncing certain letter combination ... _9
- J. Other (please specify) _10
- K. Don't know _99

B20. Has <child> received any treatment for his/her speech or language problem?

Yes _1 No..... _2

B21. How old was <child> [in months] when he/she took his/her first steps unsupported?

Interviewer: By unsupported I mean that the baby walked on his/her own without holding onto someone else or something else for support.

_____ months _99 child cannot walk

B22. [Card B22] Getting children to brush their teeth is a challenge faced by many parents. I'd like to ask you a few questions about <child's> teeth. How often is a toothbrush used to clean < child's > teeth?

- More than twice a day _1
- Twice a day _2
- Once a day..... _3
- Less often than once a day..... _4
- Rarely _5
- Not at all..... _6

B23. Has <child> been to visit the dentist because of a problem with his/her teeth?

Yes ₁

No..... ₂

[BLAISE CONDITION: ASK B24 – B25 ONLY OF THOSE WHO WERE STILL BREASTFEEDING AT 9 MONTHS OF AGE]

B24. When we last interviewed you in _____, you told us that you were still breastfeeding <child>. Can I just check, are you still breastfeeding <child>? [Include expressed milk]

Yes ₁

No..... ₂

B25. How old was <child> [in months] when he/she completely stopped being breastfed? _____ Months

[Int: Only Accept answer in Months]

B26. [Card B26] In the last 24 hours has <child> had the following foods and drinks once, more than once, or not at all?

	Not At all	Once	More than Once
A. Fresh fruit.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
B. Cooked vegetables.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
C. Raw vegetables or salad.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
D. Hamburger, hot dog, sausage or sausage roll, meat pie,	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
E. Hot chips or French fries	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
F. Crisps or savoury snacks.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
G. Biscuits, doughnuts, cake, pie or chocolate.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
H. Sweets.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I. Full fat cheese/yoghurt/ fromage frais	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
J. Low fat Cheese/ low fat yoghurt.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
K. Water (tap water / still water/ sparkling water)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
L. Fizzy drinks / minerals / cordial / squash (diet).....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
M. Fizzy drinks / minerals / cordial / squash (not diet).....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
N. Full cream milk or full cream milk products	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
O. Skimmed/Semi-skimmed milk or Skimmed/Semi skimmed milk products.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

B27. [Card B27] Please read the following statements and indicate the answer which best describes how you deal with feeding your child. It is important to remember that there are no right or wrong answers to these questions, we are interested in what parents really feel and do.

	Never	Rarely	Sometimes	Often	Always
1. I decide how many snacks my child should have.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. I give my child something to eat to make him/her feel better when s/he is feeling upset	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. I let my child decide when s/he would like to have her meal	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. I give my child something to eat if s/he is feeling bored	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. I insist my child eats meals at the table	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. I let my child eat between meals whenever s/he wants.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B28. [Card B28] Which of these best describes <child's> weight?

Underweight..... ₁

Normal weight..... ₂

Somewhat overweight..... ₃

Very Overweight

Section C - Child's play and activities

C1. [CARD C1] 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 pleasant (smiles, laughs) when first arriving In unfamiliar places.....	<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. This child plays continuously for more than 10 minutes at a time with a favourite toy.....	<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. This child responds to frustration intensely (screams, 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
D. This child smiles when an unfamiliar adult plays with him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. This child goes back to the same activity after a brief interruption (snack, trip to toilet)	<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. This child has moody "off" days when he/she is irritable all day.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
G. This child is outgoing with adult strangers outside the home.....	<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 a routine task (dressing, picking up toys) for 5 minutes or more	<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. This child shows much bodily movement (stomps, writhes, swings arms) when upset or crying	<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. This child is still wary of strangers after 15 minutes	<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. This child stops to examine objects thoroughly (5 minutes or more)	<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. This child reacts strongly (cries, screams) when unable to complete a play 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
M. This child practices a new skill (throwing, building, drawing for 10 or more minutes)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

C2. Overall, compared to other children of the same age, do you think <child> is:

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

We are interested in the various kinds of activities that children do with their families. I would like you to think about activities which <child> may do at home. Please think about the usual pattern for <child> at the moment.

C3. [Card C3] Now I'd like to ask you about activities which <child> may do at home.

a) On how many days in an average week does anyone at home read to <child>

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

b) On how many days in an average week does anyone at home ever help <child> learn the ABC or alphabet

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

c) On how many days in an average week does anyone at home ever help <child> with numbers or counting

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

d) On how many days in an average week does anyone at home ever help <child> learn songs, poems or nursery rhymes

0 days _0 1 day _1 2 days _2 3 days _3 4 days _4 5 days _5 6 days _6 7 days _7

e) On how many days in an average week does anyone play games [board games, jigsaws, card games etc. with child]

0 days _0 1 day _1 2 days _2 3 days _3 4 days _4 5 days _5 6 days _6 7 days _7

f) On how many days in an average week does <child> paint, draw, colour or play with play-doh at home

0 days _0 1 day _1 2 days _2 3 days _3 4 days _4 5 days _5 6 days _6 7 days _7

g) On how many days in an average week does anyone at home play active games with the child (e.g. football)?

0 days _0 1 day _1 2 days _2 3 days _3 4 days _4 5 days _5 6 days _6 7 days _7

C4. Typically, how many hours a day does <child> sit and watch television or videos/dvds?
 _____ hours _____ minutes [If none, enter 0 for hours and minutes]

C5. Is there a television or computer (including games console) in the child's bedroom?

Yes _1 No _2

C6. [Card C6] What does <child> prefer to do when he/she has a choice about how to spend free time?

Usually chooses inactive pastimes like TV, drawing or playing with toys in one place _1
 Usually chooses active pastimes like running around, riding push-cars, kicking balls _2
 Just as likely to choose active as inactive _3

C7. Can your child ride a tricycle or other similar toy vehicle with pedals?

Yes, can use pedals to cycle _1
 Can sit on tricycle and push it along with his/her feet but does not pedal properly yet _2
 No _3
 Not sure/doesn't have tricycle _4

C8. Can your child assemble simple jigsaw puzzles OR assemble and break-up lego/duplo pieces? (He/she can manipulate the pieces even if he/she does not solve the puzzle correctly)

Yes _1 No _2 Not sure _3

Section D - Child's Functioning and relationships

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

D1. [CARD D1] 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..... 1 2 3
- K. Has at least one good friend..... 1 2 3
- L. Often fights with other children or bullies them..... 1 2 3
- M. Often unhappy, down-hearted or tearful..... 1 2 3
- N. Generally liked by other children..... 1 2 3
- O. Easily distracted, concentration wanders..... 1 2 3
- P. Nervous or clingy in new situations, easily loses confidence..... 1 2 3
- Q. Kind to younger children 1 2 3
- R. Often argumentative with adults..... 1 2 3
- S. Picked on or bullied by other children 1 2 3
- T. Often volunteers to help others (parents, teachers, other children) 1 2 3
- U. Can stop and think things out before acting..... 1 2 3
- V. Can be spiteful to others..... 1 2 3
- W. Gets on better with adults than with other children 1 2 3
- X. Many fears, easily scared..... 1 2 3
- Y. Sees tasks through to the end, good attention span..... 1 2 3

D2. Does <child> have any brothers or sisters?

Yes 1 No 2

D3. [Card D3] 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 E – Childcare Arrangements

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

E1. Is <child> currently being 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 E8a

E2. (a) 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**

	[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 E3a	_____N	_____N	€ _____	<input type="checkbox"/> 4
b. A non-relative in your home.....	<input type="checkbox"/> 2 Go to E4a	_____N	_____N	€ _____	<input type="checkbox"/> 4
c. A relative in their home.....	<input type="checkbox"/> 3 Go to E3b	_____N	_____N	€ _____	<input type="checkbox"/> 4
d. A non-relative in their home.....	<input type="checkbox"/> 4 Go to E4b	_____N	_____N	€ _____	<input type="checkbox"/> 4
e. Creche, Montessori, pre-school, naonri or other centre-based care setting , ...	<input type="checkbox"/> 5 Go to E5	_____N	_____N	€ _____	<input type="checkbox"/> 4
f. Other (please specify)	<input type="checkbox"/> 4 Go to E5	_____N	_____N	€ _____	<input type="checkbox"/> 4

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

E3a. Please specify how this person is related to <child>

- a. Grandmother of <baby>..... 1
- b. Grandfather of <baby> 2
- c. Aunt /Uncle of <baby> 3
- d. Brother / Sister of <baby> 4

E3b. Please specify how this person is related to <child>

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

- e. Non-resident Parent 5
- f. Cousin of <baby> 6
- g. Other relative 7

E4a. 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

E4b. Which of the following best describes that person?

- a. Friend / Neighbour 2
- b. Childminder 3
- c. Other 6

E5. What age was <child> when you started to use the main childcare arrangement? _____ months

[INT: IF ANSWER AT E2 IS (A) OR (B) PLEASE GO TO E7]

E6a. In total, how many children (including <child>) are looked after in the room where <child> is cared for?

_____ number of children

E6b. In total, how many adults supervise the children in the room where <child> is cared for?

_____ number of adults

E7. [Card E7] The next questions are about your childcare arrangements. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. 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
b. My caregiver knows 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
c. My child is happy in this arrangement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. The place where my child is cared for is kept clean.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child spends time learning letters and numbers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E8a. Have you heard of and do you intend to avail of the free preschool year scheme?

["All children aged between 3 years 3 months and 4 years 6 months at September 1st each year are eligible for the free pre-school year scheme which entitles them to receive free pre-school provision of between 2 and 3 hours per day."]

- 1. Currently availing of the preschool scheme 1
- 2. Have heard of and plan to avail of the preschool scheme 2
- 3. Have heard of but unsure if I will avail of the preschool scheme 3
- 4. Have heard of but don't plan to avail of..... 4
- 5. Have never heard of the preschool scheme 5

E8b. Why not?

Note: 3 hours per day over 38 weeks per year (or 2 hours and 15 minutes per day over 50 weeks)

E9. Have you registered or enrolled <child> with a primary school?

- No 1
- Yes, with one school..... 2
- Yes, with more than one school..... 3
- Not registered, <child> will definitely attend local school..... 4

E10a. Is <child> cared for on a regular basis for 8 hours or more per week?

Yes 1 No 2

E10b. We would like to send a short questionnaire to the person/centre who provides this care to <child>. Would you be able to provide us with the contact details for the person or centre who provides this care to <child>?

- Yes..... 1
- No, does not wish regular carer to be contacted 2
- No, does not have contact details for regular carer..... 3

Interviewer:
Record contact details of regular carer on the Work Assignment Sheet

Section F – Parenting and Family Context

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

F1. [Card F1] 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.

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

F2. [Card F2] 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

F3. What is <child's> first language?

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

OBSERVATIONS

Now I would like to ask you some questions about how <child> uses his/her hands and legs.

Interviewer: ask the parent to get the child to do the following activities so that you can observe the child.

3. Please ask your child to stand on one leg. **Interviewer:** Have you observed the child to stand on one leg?

Yes ₁

No..... ₂

4. Please ask your child to throw a ball overhand. **Interviewer:** have you observed the child throwing a ball overhand? (letting it fall to the ground does not count)

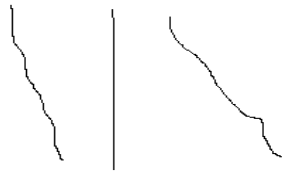
Yes ₁

No..... ₂

5. Using this pencil and piece of paper, please draw a vertical line from the top to the bottom of the page. Now ask your child to copy your line, but do not let him/her trace it. **Interviewer:** have you observed the child to draw a vertical line even if it is not perfectly straight. (See pictures)

Yes ₁

No..... ₂



Count as yes

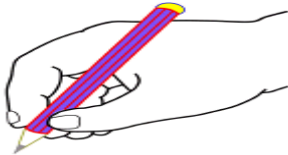


Count as no

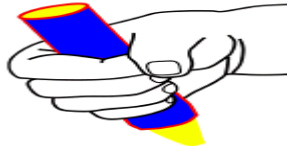
6. **Interviewer:** When copying the line, does the child hold the crayon like the child in picture A (between thumb and forefinger)?

Yes ₁

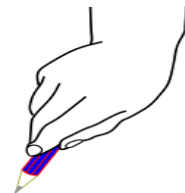
No ₂



Picture A (correct)



B. Incorrect



C. Incorrect

Appendix G: Secondary Caregiver – Twin Questionnaire



The Economic and Social Research Institute
Whitaker Square
Sir John Rogerson's Quay
Dublin 2
Ph: 01-8632000 fax: 01-8632100



University of Dublin
Trinity College
College Green
Dublin 2



NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) 3-YEAR QUESTIONNAIRE STRICTLY CONFIDENTIAL

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

Section A – Parenting and Family Context

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

A1. [Card A1] 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	Not really	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My child and I always seem to be struggling with each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. If upset, my child will seek comfort from me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child values his/her relationship with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. When I praise 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 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 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/experiences with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

A2. [Card A2] 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.

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

	(1) Never / Almost never	(2) Rarely	(3) Sometimes	(4) Often	(5) 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

A3. [Card A3] 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

Appendix H: Non-Resident Parent Questionnaire



Growing Up in Ireland – national longitudinal study of children Strictly Confidential

Non Resident Parent Questionnaire, 3-year Main Study

Group HHOLD Date ____ day ____ month ____

Please Read This First

This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01 8632000 and ask for 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 your child? ____ days ____ weeks ____ months

Q2. How many nights do you and the study child spend together in a typical month? ____ nights

Q3. How many days, or part-days, (without nights) do you and the study child spend together in a typical month? ____ days

Q4. How long 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

Not quite
enough

About right

A little too much

Way too much

1

2

3

4

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 your child?

- Court-imposed arrangements 1
- Formal, negotiated arrangements other than legal (e.g. counsellor) 2
- Mutual arrangement with no third party negotiator 3
- No regular arrangements 4

Q9. 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 creche	<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 child's home (i.e. the house or apartment where the child resides with his or her mother NOT your own home)?

- Yes, I pay the full amount due 1 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 child's mother (other than a direct rent or mortgage payment)?

- 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. back to school) 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 mother 2

Legally imposed arrangement3

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 mother when she 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 the Study Child's mother for the first time?

AGE ___ months OR ___ weeks OR

Had separated before birth1 OR Never lived with mother.....2

Q19. Are you named on the Study Child's birth certificate?

Yes1 No2 Not sure3

Q20. 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 your child with the Study Child's mother?

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 mother? 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 your 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 new1234
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?

- Yes1 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?

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 01-863 2000**

Appendix I: Non-resident Parent Information Sheet

NON – RESIDENT PARENT’S INFORMATION LEAFLET

What is the Growing Up in Ireland study?

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

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

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

What will it tell us?

The study will 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 11,000 3-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 Health & Children is funding it through the Office of the Minister for Children and Youth Affairs in association with the Department of Social Protection and the Central Statistics Office.

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

What do I do next?

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

NON – RESIDENT PARENT’S INFORMATION LEAFLET

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 or anyone else. It will be used exclusively for research purposes.

Under no circumstances could anyone in Government or any government agency be able to identify information given by you.

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

What are my rights if I take part?

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

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

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.



Appendix I: Home-Based Carer Questionnaire



GROWING UP IN IRELAND – national longitudinal study of children

Strictly Confidential – HOME-BASED CARE, 3-year Main Study

Group: Household Date ___ day ___ month ___ year

PLEASE READ THIS FIRST

This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the *Growing Up in Ireland* team.

**IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE,
PLEASE CALL (01) 8632000 DURING OFFICE HOURS**

First of all, we would like to ask you some questions about caring for the study child in particular.

Q1. Which of the following best describes your relationship to the study child?

- | | | | | | |
|-----------------------|--------------------------|---|--------------------------------|--------------------------|---|
| Grandmother..... | <input type="checkbox"/> | 1 | Neighbour | <input type="checkbox"/> | 5 |
| Grandfather | <input type="checkbox"/> | 2 | Nanny/au pair | <input type="checkbox"/> | 6 |
| Other relative | <input type="checkbox"/> | 3 | Registered childminder | <input type="checkbox"/> | 7 |
| Friend of parent..... | <input type="checkbox"/> | 4 | Unregistered childminder | <input type="checkbox"/> | 8 |

Q2. Do you live in the home of the study child (include granny flat or guest accommodation as part of the child's home)?

Yes 1 No 2

Q3. Do you care for the study child in his / her own home, in your home or somewhere else?

- | | | |
|---|--------------------------|---|
| Study Child's home..... | <input type="checkbox"/> | 1 |
| My own home | <input type="checkbox"/> | 2 |
| Somewhere else (please specify where) _____ | <input type="checkbox"/> | 3 |

Q4. How long have you been caring for the study child? _____ years _____ months _____ weeks

Q5. How many hours per week do you care for the study child? _____ hours

Q6. How many days per week do you care for the study child? _____ days

We would also like some general information on the environment in which you look after the study child

Q7. On a typical day, how many other children are in your care (excluding the study child, but including your own children)? _____ children

Q8. What ages are these children? (Please indicate the number of children in these age categories, again excluding the Study Child)

- | | | | |
|-------------------------|--------------------------|---|-----------------------|
| 0 – 11 months | <input type="checkbox"/> | 1 | _____ no. of children |
| 1- 3 years | <input type="checkbox"/> | 2 | _____ no. of children |
| 4-6 years | <input type="checkbox"/> | 3 | _____ no. of children |
| 7-9 years | <input type="checkbox"/> | 4 | _____ no. of children |
| 10-12 years | <input type="checkbox"/> | 5 | _____ no. of children |
| 12 years and over | <input type="checkbox"/> | 6 | _____ no. of children |

Q9a. We would like to know how the study child spends his or her time while in the centre's care. There follows a list of activities that a 3 year-old might engage in. Please indicate how often he or she participates in each activity.

	All of the time	Frequently	Occasionally	Rarely	Never
Watching television/videos/DVD's.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Using a computer.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reading [or being read to]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with toys	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with sand/water etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing outdoors – hopping, skipping, football etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning the ABC/Alphabet.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning to count/numbers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Imaginative/Pretend play.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Painting or drawing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning nursery rhymes, songs etc	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q9b. Approximately how much time does the study child spend in group activity that is led by an adult and how much time in activities which the study child chooses him/herself?

Led by adult (percentage of time) _____ %
 Led by child (percentage of time) _____ % **[Must add to 100%]**

Q10. When the Study Child is in your care how many children's books are available to the study child to read/look at? Do you estimate....

None..... 1
 Less than 10..... 2
 Between 10 and 20

Q11. On average, how many minutes per day do you read to the child? _____ minutes

Q12. On average, how many hours per day does the child spend watching TV or DVD's while in your care? _____ hrs

Q13. In a typical day, how long would the child spend asleep while in your care? _____ hours

Q14. On a typical day, how often would you get the chance to talk to the child on a one-to-one basis?

Almost never 1 Sometimes 2 Often 3 Always 4

Q15. Do you have any of the following things at home that the study child may avail of while in your care. Please tick all that are currently available to him / her.

A garden/outdoor play space	<input type="checkbox"/> 1	Video games / X-box/ Nintendo DS etc	<input type="checkbox"/> 8
Sports equipment (footballs, trampolines, etc)	<input type="checkbox"/> 2	Musical equipment	<input type="checkbox"/> 9
Construction toys (e.g. meccano, etc)	<input type="checkbox"/> 3	Arts materials	<input type="checkbox"/> 10
Other toys (dolls, teddies, etc).....	<input type="checkbox"/> 4	Pretend play items	<input type="checkbox"/> 11
Television/video/DVD	<input type="checkbox"/> 5	Other (please specify) _____	
Computer	<input type="checkbox"/> 7		

Q16. For each of the following statements please tick the box which best describes the study child in the last month?

	Never the case	Seldom the case	Sometimes the case	Often the case	Very often the case	Always the case	Not applicable
This child enjoys being minded by me							
This child is comfortable with most of the children							
This child tends to avoid contact with other children							
This child really enjoys the games and play materials at child care							

Q17. 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 in the last month.

	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 argumentative with adults	<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. Can stop and think things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
V. Can be spiteful to others	<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

Q18. Would you describe the quality of your relationship with this child as:

Very good 1
 Good 2
 Fair 3
 Bad 4
 Very bad 5

Q19. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

Very easy Somewhat easy Neither easy nor difficult Somewhat difficult Very difficult
1 2 3 4 5

Q20. Do you have any concerns about any aspects of the Study Child's behaviour or development?

Yes 1 No..... 2

Q21. What concerns do you have?

Q22. How worried are you about the Study child's language development?

Not at all worried..... 1
 A little worried..... 2
 Worried 3
 Very worried 4

Q23. Do you look after the study child when he or she is sick?

Never ₁ Rarely ₂ Frequently ₃ Always ₄

Finally, we would like to know some things about you.

Q24. What is your date of birth?

____ / ____ / ____
Day Month Year

Q25. What is your gender?

Male ₁ Female ₂

Q26. What is your nationality?

Q27. Which of the following best describes your current employment status?

Working for payment or profit <input type="checkbox"/> ₁	Looking after home/family <input type="checkbox"/> ₅
Looking for first regular job <input type="checkbox"/> ₂	Retired from employment <input type="checkbox"/> ₆
Unemployed <input type="checkbox"/> ₃	Unable to work due to permanent sickness or disability <input type="checkbox"/> ₇
Student or pupil <input type="checkbox"/> ₄	Other (please specify) <input type="checkbox"/> ₈

Q28. Is caring for children your main occupation?

Yes ₁ No ₂

Q29. Do you get paid for this care?

Yes ₁ No ₂

Q30. If no, please tell us your main occupation using precise terms (e.g. 'national school teacher' instead of 'teacher').

Q31. What is the highest level of education that you have completed?

No formal education <input type="checkbox"/> ₁	National Certificate (Level 5) <input type="checkbox"/> ₅
Primary <input type="checkbox"/> ₂	National Diploma (Level 6) <input type="checkbox"/> ₆
Junior Cert. or equivalent <input type="checkbox"/> ₃	Degree (Level 7 or 8) <input type="checkbox"/> ₇
Leaving Cert. or equivalent <input type="checkbox"/> ₄	Postgraduate Degree (Level 9+) <input type="checkbox"/> ₈

Q32. Do you have any specific qualification in childcare excluding your experience of raising your own children?

(a) No formal childcare qualification ₁ → **Go to Q35**

(b) FETAC Major Award in Childcare (Levels 4,5 or 6) ₂

(c) FETAC minor component award(s) in childcare at Levels 4,5 or 6. ₃

(d) Award equivalent to (b) and (c) such as NNEB, City & Guilds, Cache ₄

(e) HETAC or Third Level ₅

(f) International awards in childcare at higher level ₆

(g) Other awards in related course(s) (e.g. primary teaching, social care, nursing etc) ₅

Q33. Please indicate the subject area in which the qualification was obtained:

Childcare <input type="checkbox"/> ₁	Behaviour management <input type="checkbox"/> ₆
National school teaching <input type="checkbox"/> ₂	Speech and language therapy <input type="checkbox"/> ₇
Other education <input type="checkbox"/> ₃	Nursing <input type="checkbox"/> ₈
Child psychology/development <input type="checkbox"/> ₄	Other (please specify) <input type="checkbox"/> ₉
Special needs assistance <input type="checkbox"/> ₅	

Q34. When did you receive this qualification?

Year: _____

Q35. Have you undertaken any other training relevant to caring for children? Tick all that apply.

Child psychology <input type="checkbox"/> ₁	Nutrition/Diet <input type="checkbox"/> ₄
Sign language <input type="checkbox"/> ₂	Other (please specify) <input type="checkbox"/> ₅
First aid <input type="checkbox"/> ₃	

Q36. For how long have you provided this type of childcare? _____ years _____ months

Q37. How many hours do you spend each week providing childcare? _____ hours

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.**

**IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000**

Appendix J: Centre-Based Carer Questionnaire

GROWING UP IN IRELAND – national longitudinal study of children

Strictly Confidential – CENTRE-BASED CARE, 3-year Main Study

Group: Household Date ___ day ___ month ___ year

PLEASE READ THIS FIRST

This questionnaire should be accompanied by an information pack. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the Growing Up in Ireland team.

The questionnaire should be completed by the person who has most contact with the child in question

**IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE,
PLEASE CALL (01) 8632000 DURING OFFICE HOURS**

Q1. How long has the Study Child been attending this centre? ___ years ___ months ___ weeks

Q2. How many hours per week does the Study Child attend the centre? ___ hours

Q3. How many days per week does the Study Child attend the centre? ___ days

We would also like some general information about the care centre.

Q4. Are you registered with the Health Service Executive?

Yes ₁ No ₂ Not sure ₃

Q5a. On a typical day, how many children in total are in the centre (including Study Child)? _____ children

Q5b. Thinking about these children (Please indicate the number of children in these age categories)

- 0 – 11 months ₁ _____ no. of children
- 1- 3 years ₂ _____ no. of children
- 4-6 years ₃ _____ no. of children
- 7-9 years ₄ _____ no. of children
- 10-12 years ₅ _____ no. of children
- 12 years and over ₆ _____ no. of children

Q6a. In some centres younger children may be cared for in separate rooms or sections of the centre. On a typical day how many children (including the study child) are in the room or section of the centre where the study child spends most of his/her time?

_____ children OR all children together in the centre ₁ Go to Q7

Q6b. What ages are the children who are in the same room or section of the centre as the study child? (Please indicate the number of children in these age categories)

- 0 – 11 months ₁ _____ no. of children
- 1- 3 years ₂ _____ no. of children
- 4-6 years ₃ _____ no. of children
- 7-9 years ₄ _____ no. of children
- 10-12 years ₅ _____ no. of children
- 12 years and over ₆ _____ no. of children

Q7. If there are more than 5 years between the ages of the oldest and youngest child, are the younger children segregated from the older?

Yes ₁ No ₂ Sometimes ₃

Q8. How many children in the centre (excluding the Study Child) are from a non-English / non-Irish speaking family background? _____ children

Q9. How many children in the centre (excluding the Study Child) have a mental or physical disability?

_____ children

Q10a. We would like to know how the study child spends his or her time while in the centre's care. There follows a list of activities that a 3 year-old might engage in. Please indicate how often he or she participates in each activity.

	All of the time	Frequently	Occasionally	Rarely	Never
Watching television/videos/DVD's.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Using a computer.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reading [or being read to]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with toys	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with sand/water etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing outdoors – hopping, skipping, football etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning the ABC/Alphabet.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning to count/numbers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Imaginative/Pretend play.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Painting or drawing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning nursery rhymes, songs etc....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q10b. Approximately how much time does the study child spend in group activity that is led by an adult and how much time in activities which the study child chooses him/herself?

Led by adult (percentage of time) _____ %
 Led by child (percentage of time) _____ % **[Must add to 100%]**

Q11. When the Study Child is in your care how many children's books are available to the Study Child to look at / to be read from etc? Do you estimate...

None..... 1
 Less than 10..... 2
 Between 10 and 20

Q12. On average, how many minutes per day does someone read to the child? [include time when the child is being read to as part of a group] _____ minutes

Q13. On average, how many hours per day does the child spend watching TV or DVD's while in your care? _____ hrs

Q14. In a typical day, how long would the child spend asleep while in your care? _____ hours

Q15. On a typical day, how often would you or another carer get the chance to talk to the child on a one-to-one basis?

Almost never 1 Sometimes..... 2 Often..... 3 Always 4

Q16. We would like you to think about the facilities that are available to the Study Child attending the centre. A list of suggestions is given below. Please tick all that are currently available to him / her.

Supervised outdoor play.....	<input type="checkbox"/> 1	Video games / X-box / Nintendo DS etc	<input type="checkbox"/> 8
Sports equipment (footballs, trampolines, etc)	<input type="checkbox"/> 2	Musical equipment	<input type="checkbox"/> 9
Construction toys (e.g. meccano, etc).....	<input type="checkbox"/> 3	Arts materials	<input type="checkbox"/> 10
Other toys (dolls, teddies, etc).....	<input type="checkbox"/> 4	Pretend play items	<input type="checkbox"/> 11
Television/video/DVD	<input type="checkbox"/> 5	Other (please specify) _____	
Computer	<input type="checkbox"/> 7		

Q17. For each of the following statements please tick the box which best describes the study child in the last month?

	Never the case	Seldom the case	Sometimes the case	Often the case	Very often the case	Always the case	Not applicable
This child enjoys attending childcare							
This child is comfortable with most of the children							
This child tends to avoid contact with other children							
This child really enjoys the games and play materials at child care							

Q18. 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 in the last month.

	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 argumentative with adults	<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. Can stop and think things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
V. Can be spiteful to others	<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

Q19. In general terms how would you rate the care provided to the Study Child by this centre?

Very good	Good	Neither good nor bad	Bad	Very bad
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q20. Do you feel that the personal care provided to Study Child by the centre meets his/her needs in terms of:

	Yes	No
(a) eating/drinking	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(b) toileting	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(c) child's personal hygiene	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(d) sleeping	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(e) mobility	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(f) quiet time/ cultural identity	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q21. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

Very easy	Somewhat easy	Neither easy nor difficult	Somewhat difficult	Very difficult
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q22. Do you have any concerns about any aspects of the Study Child's behaviour or development?

Yes 1 No 2

Q23. What concerns do you have?

Q24. How worried are you about the Study child's language development?

- Not at all worried..... 1
- A little worried..... 2
- Worried 3
- Very worried 4

Q25. What is the total number of staff (whole-time equivalents) employed in the centre as a whole to look after the children (do not include administrative or maintenance staff, etc)? _____ staff

Q26. Now thinking of the room or section of the centre in which the Study Child is cared for, how many staff (full-time equivalents) are employed to look after these children? _____ staff

Q27. How many staff have achieved a major award in childcare / early childhood education at level 5 on the National Qualifications Framework or equivalent? _____ no. of staff

Q28. How many of these child care staff have English (or Irish) as their first language? _____ no. of staff

Q29. Are parents allowed to leave sick children into the centre?

- Never..... 1
- Rarely 2
- Frequently 3
- Always..... 4

Finally, we would like to know some things about you.

Q30. Which of the following best describes your role in this child care centre?

- a. Director/Manager 1
- b. Full-time employee..... 2
- c. Part-time employee 3
- d. Other (please specify) 4

Q31. What is your date of birth? (DD/MM/YYYY) _____ (day) _____ (mth) _____ (yr)

Q32. Are you? Male 1 Female..... 2

Q33. What is your nationality? _____

Q34. Which of the following best describes the type of care your centre provides?

- Work-based crèche 1
- Other crèche / nursery..... 2
- Montessori..... 3
- Playschool or Preschool 4
- Naoinra 5
- Other(please specify) 6

Q35. Do you have any specific qualification in childcare excluding your experience of raising your own children?

- (a) No formal childcare qualification 1 →
- (b) FETAC Major Award in Childcare (Levels 4,5 or 6) 2
- (c) FETAC minor component award(s) in childcare at Levels 4,5 or 6. 3
- (d) Award equivalent to (b) and (c) such as NNEB, City & Guilds, Cache..... 4
- (e) HETAC or Third Level 5
- (f) International awards in childcare at higher level 6
- (g) Other awards in related course(s) (e.g. primary teaching, social care, nursing etc) 5

Go to Q38

Q36. Please indicate the subject area in which the qualification was obtained:

- Childcare 1
- National school teaching 2
- Other education 3
- Child psychology/development 4
- Special needs assistance 5
- Behaviour management..... 6
- Speech and language therapy 7
- Nursing 8
- Other (please specify) 9

Q37. When did you receive this qualification? Year: _____

Q38. Have you undertaken any other training relevant to caring for children? Tick all that apply.

Child psychology ₁ Nutrition/Diet ₄
Sign language ₂ Other (please specify) ₅
First aid ₃

Q39. Is caring for children your main occupation? Yes ₁ No ₂

Q40. If no, please describe your main occupation as fully as possible

Q41. How long have you regularly worked 10 or more hours per week in a childcare situation? ____ years ____ mths

Q42. How long have you worked in this particular care centre? _____ years _____ months

Q43. Will the centre participate in the free preschool year scheme? Yes ₁ No ₂

Q44. Overall, are you happy working in childcare?

Strongly Agree Agree Neutral Disagree Strongly Disagree
₁ ₂ ₃ ₄ ₅

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.**

**IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000**

Appendix L: Carer Information Sheet

CARER INFORMATION LEAFLET

What is the *Growing Up in Ireland* study?

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

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

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

What will it tell us?

The study will 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 11,000 3-year-old children and their families.

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

As part of the study he/she was asked if the study child was cared for by anyone (such as you) for 8 or more hours per week and whether or not we could send a questionnaire to you about the child.

Why am I being asked to take part?

As a carer of the study child we feel that you too have a contribution to make.

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 Health & Children is funding it through the Office of the Minister for Children and Youth Affairs in association with the Department of Social Protection and the Central Statistics Office.

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

What do I do next?

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

The questionnaire asks you for some details on your care of the child as well as some questions about your background. It is very straightforward and involves ticking boxes.

CARER INFORMATION LEAFLET

Will this information be kept confidential?

All the information that you provide will be treated in the strictest confidence and will not be seen by the child's parent/guardian. It will be used exclusively for research purposes and no-one, other than you, will have access to the information you provide.

Under no circumstances could anyone in Government or any government agency be able to identify information given by you.

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

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

What are my rights if I take part?

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

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.



Appendix M – Work Assignment Sheet

NLSCI Main 3-year 2010/2011

Final Outcomes

INTERVIEWER 0

Group 12 Hhold 16

Child's Name: George O'Rourke

Date of Birth: 26/04/2007

- 1 Completed
- 2 Cannot locate address
- 3 Vacant/demolished/derelict
- 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.
- 19 Other -please specify

C2R003



Final Outcome (from list)

SECTION A Primary Care Giver Wave 1 Ms Heather O'Rourke

Secondary Care Giver Wave 1

Address on file (Wave 1): Kilkee, Ballon, Carlow,

Contact phone numbers 087-7999202 (M) 087-2887655 (F)

Email address

SECTION C GPS required ?

NO, unless moved at Section B

GPS readings

A

B

SECTION B

Primary Care Giver Wave 2. As above ₁. If not, record Full Name of PCG.....

Secondary Care Giver Wave 2. As above ₁. 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 D

	Y	N		Y	N
Main Consent signed	<input type="checkbox"/>	<input type="checkbox"/>	Followup/tracing sheet	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F Is there a REGULAR CHILD MINDER (8 hrs or more per week)?

In Child's home | Centre/Creche | | || In Relative's home | | | | |
Home of non-relative carer			NONE	
Name of carer/centre				
Address of carer/centre				
Phone				
Permission to contact	Yes		No	

SECTION E

Is there a NON RESIDENT PARENT? | || 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 F.

ALL Work Assignment sheets MUST be returned to ESRI

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12-16