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



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

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

APPENDIX A: PARENT INFORMATION SHEET

INFORMATION FOR PARENTS / GUARDIANS

Almost four years have 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 that follows the progress of the same group of children over time to help improve our understanding of all aspects of children and their development.

We would now like to re-interview you to find out how your child has grown and changed since our last visit, almost four years ago.

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

Growing Up in Ireland, a national, Government-funded study of children, 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 8,500 nine-year-old children and their families were interviewed for the first phase of *Growing Up in Ireland*. The first report on this part of the study was published in December 2009.

We have also been busy interviewing the families of 11,000 nine-month-old infants who are also taking part in the study. A report on that part of the study was published in November 2010.

Don't forget that you can keep up to date with all 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 this will help us to better understand the changes that take place 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 included in a series of reports. The Government can use this information to help make improvements and bring real benefits to children and families for many years to come.

GROWING UP IN IRELAND

Who is running the study?

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

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

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

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

When the interviewer visits your home, you, your child and your spouse/partner (if relevant) will each be asked to fill out separate questionnaires with the interviewer. With your consent, we would also like to administer a short academic assessment test to your child – a little like a school test. This is a standard assessment used widely in research with children. It is straightforward to complete. The results of this test will be kept strictly confidential and will be used only for the purposes of the study. Individual results will not be seen by you or anyone outside the Study Team. The visit to your home will last about 1½ to 2 hours.

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

Confidentiality

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

The information given by you or any member of your family (including your child) in direct answer to the questions on the survey is strictly confidential. That information cannot be used by anyone for any purpose, other than for statistical analysis. Not even you will have access, for example, to the information given by your child. You will not receive any feedback on answers given by your child to the questions which our interviewer asks directly of him/her, regardless of what those answers might be. Similarly, the results of the academic assessment tests which your child completes will not be seen by you, your family or your child's school. However, if the interviewer observes something or is told something outside the answers given to the direct survey questions which causes him/her or the people running the Study to have serious concerns for the welfare of your child or other vulnerable person, they may have to tell someone who can help.

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

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

The information 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.

GROWING UP IN IRELAND

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 education
- his/her emotional health and wellbeing
- your own health
- your family life and experiences as a parent

Your child will be asked questions about:

- his/her home and school life
- his/her interests and the activities he/she enjoys
- his/her relationship with you, siblings and friends

All the questions are very straightforward though some are quite detailed and some will address relatively sensitive issues such as your family's income, your relationship with your partner (if relevant) and so on. The 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, 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 15 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*.

Who are the interviewers?

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

Each interviewer carries a photo ID card.

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

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

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 us at growingup@esri.ie

Post to:

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



APPENDIX B: YOUNG PERSON'S INFORMATION SHEET

YOUNG PERSON'S INFORMATION LEAFLET

Hey there!

When you were nine years old, you and your parents agreed to take part in a very important project called ***Growing Up in Ireland***. You were one of 8,500 children from across Ireland picked to be part of the study.

You may remember an interviewer from the project calling to your home to ask you some questions about what your life was like and also speaking to your mum and dad about what life as a parent is like.

Now that you have turned 13 years old, we would like to talk to you and your parents again about how things have changed in the last four years – you are much older now, have changed schools and probably have some different interests and hobbies. We would also like you to do a short maths and vocabulary test as part of the survey.

This information leaflet will remind you about what ***Growing Up in Ireland*** is about and what will happen if you agree to take part again. When you have read it, chat to your parents about what you think!

What's Growing Up in Ireland all about?

Growing Up in Ireland or 'GUI' is a very important study that aims to find out lots of information about children and young people living in Ireland. The Government has asked us to carry out this exciting project to find out exactly what it is like to be a young person growing up in Ireland today. We think the best way to find this out is to ask young people just like you. So we have picked 8,500 young people from all over the country and are collecting lots of information from them.

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

This project is really important as it will help the Government to make better decisions about things that affect young people, and to make life better for all the young people and their families in the country.

Why was I picked?

All the young people picked to take part in ***Growing Up in Ireland*** were chosen at random. This was the best way to make sure we included young people from all different kinds of families and from all different parts of the country. That way we can get a complete picture of what it is like to be a young person in any part of Ireland today.

What will the study tell us?

The study will provide us with lots of information about young people's social and physical development, their education, their family, what they do with their friends, their health and so on.

The information collected will be used to advise the Government on the future policies and services that will be of most benefit to young people and their families, and that will help ensure that all families and young people can have the best possible outcomes in life.

YOUNG PERSON'S INFORMATION LEAFLET

Will this information be kept confidential?

All the information provided by you in direct answer to the questions on the survey is strictly confidential. That information cannot be used by anyone for any purpose, other than for statistical analysis. Not even your parent(s)/guardian(s) will have access to it. Similarly, the results of the Maths and Vocabulary tests will not be seen by anyone in your family or your school. However, if the interviewer observes something or is told something outside the answers you give to the direct survey questions which causes him/her or the people running the Study to have serious concerns for your welfare they may have to tell someone who can help.

What are my rights if I take part?

You **may choose to withdraw from the study at any time, even after you have completed the questionnaire.**

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

Your participation counts

Taking part in ***Growing Up in Ireland*** is voluntary. The participation of young people like you 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 what it is like to be a young person in Ireland today.

We hope that you will be able to help us in our work and we would like to thank you for your time completing our questionnaires.

Where can I find out more information?

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 us at growingup@esri.ie

Post to:

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



APPENDIX C: PARENT'S CONSENT FORM

PARENT / GUARDIAN CONSENT FORM

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

I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the *Growing Up in Ireland* study.

I consent to my child, and myself, being included in research being conducted for the 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, my child's other parent, my spouse or partner (where different), as well as my child's school principal.

I understand that, in the information provided by me and my family, our names, address and other identifying information will be 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 on the questionnaires completed by my child; by my spouse/partner (if relevant); by my child's other parent (where different) or by my child's school principal.

I will not receive any feedback about the answers given by my child to the questions which the interviewer asks directly of him/her, regardless of what those answers might be.

I understand, however, that, if the interviewer observes something or is told something, outside the answers given to the direct survey questions, which causes him/her or the people running the study to have serious concerns for the welfare of my child, or any other vulnerable person, they may have to tell someone who can help.

I understand that the results of the child's academic or cognitive assessment tests taken in the course of the interview are strictly confidential, and that neither I, my family nor my child's school will 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 and my child may be asked to participate in a follow-up study in a few years' time.

I understand that I may withdraw my participation, and that of my child, at any time, 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: _____

AREA: H'HOLD:



FOLLOW UP / TRACING INFORMATION

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

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

[Int: Record details on two contacts below].

CONTACT 1

Name: _____

Address : _____

CONTACT 2

Name: _____

Address : _____

AREA: HHOLD:

APPENDIX D: PARENT CONSENT FORM FOR YP SENSITIVE QUESTIONNAIRE

PARENT / GUARDIAN CONSENT FORM – CHILD SENSITIVE

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

In respect of the Child Sensitive Questionnaire:

I consent to my child completing the questions in the Child Sensitive Questionnaire.

I agree that the interviewer has provided me with a full and comprehensive explanation of the purpose and structure of the Child Sensitive Questionnaire and has shown me a copy of the blank questionnaire.

I agree that I have been given an opportunity to ask any questions I may have about the Child Sensitive Questionnaire, and that these questions have been answered to my satisfaction.

I understand that neither I nor my spouse/partner (where relevant) will have access to the information given by my child in this questionnaire.

I understand that, as with all other parts of the *Growing Up in Ireland* study, I will not receive any feedback about the answers given by my child to the questions which the interviewer asks directly of him/her, regardless of what those answers might be.

I understand that if the interviewer observes something or is told something, outside the answers given to the direct survey questions, which causes him/her or the people running the study to have serious concerns for the welfare of my child, or any other vulnerable person, they may have to tell someone who can help.

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: _____

AREA:

HHOLD:

APPENDIX E: CHILD'S ASSENT FORM

YOUNG PERSON'S ASSENT FORM

Name: _____
(CAPITALS LETTERS PLEASE)

Date of Birth: _____

I would like to take part in the *Growing Up in Ireland* study. I have been given and have read the information leaflet, and have talked to my parents about taking part.

I understand that my parents (or whoever looks after me) will also be interviewed, about themselves and me.

I understand that all the information I give on the questionnaire in answer to direct interview questions is strictly confidential.

I understand that the results of the school tests taken as part of my interview are strictly confidential and they will not be seen by my parents or by anyone in my school and will be used only in the *Growing Up in Ireland* study.

I understand, however, that if the interviewer observes anything or is told something, outside the answers to direct survey questions, which causes him/her or the people running the study to have serious concerns for my welfare, they may have to tell someone who can help.

I understand that I do not have to answer any questions that I do not want to.

I understand that I can stop taking part in the study at any time.

Signature: _____ Date: _____

APPENDIX F: YOUNG PERSON'S MAIN QUESTIONNAIRE



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



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

University of Dublin
Trinity College



TRINITY COLLEGE DUBLIN

GROWING UP IN IRELAND
– the national longitudinal study of children

STRICTLY CONFIDENTIAL

YOUNG PERSON MAIN QUESTIONNAIRE

AREA

H'HOLD

Interviewer Name _____ Interviewer Number

Date _____
 day mnth year

Welcome to the *Growing Up in Ireland* study and thank you for helping us by filling in the questionnaires. We want to find out what it is like to be a 13-year-old in Ireland today. Your answers will help to plan things for young people like yourself.

Some of the questions are about you, your school, your family and friends, how you feel and what you like to do. If you feel that there are any questions which you do not wish to answer, then that's OK.

This is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you really think. If you need help, just let the interviewer know.

We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

How to fill in your answer on the answer booklet

To fill in a question just tick the box with the answer you want to give

Example:

Do you have any pets? Yes No

Q1a. What school are you in (from September 2011)? Please fill in the school name and address

School name: _____

School address: _____

Q1b. What class are you in (from September 2011)?

Home schooled _1

5th class _2

6th class _3

1st year _4

2nd year _5

Other class _6

Go to Q12

Q1c. What is your favourite subject? _____

Q1d. What is your least favourite subject? _____

Go to Q5x

Q2a. Please tick the subjects you are taking from September 2011. For Irish, English and Maths, please tick which level you are studying.

- IrishHigher _1 Ordinary _2 Foundation..... _3 Not sure yet _4 Don't take Irish..... _5
- EnglishHigher _1 Ordinary _2 Foundation..... _3 Not sure yet _4
- MathematicsHigher _1 Ordinary _2 Foundation..... _3 Not sure yet _4
- History _1 Business Studies _1
- Geography _1 Typewriting _1
- French _1 Environmental and Social Studies (ESS) _1
- German _1 Technology _1
- Spanish _1 Latin _1
- Italian _1 Ancient Greek Classical Studies _1
- Art, Craft & Design _1 Hebrew Studies..... _1
- Music Science (with Local Studies) _1 Religious Education _1
- Science _1 Civic, Social and Political Education (CSPE) _1
- Science (with Local Studies) _1 Physical Education _1
- Home Economics _1 Social, Personal and Health Education (SPHE) _1
- Materials Technology (Wood)..... _1 Computer Studies _1
- Metalwork _1 Other – please specify _____ _1
- Technical Graphics _1

Q2b. What is your favourite subject? _____

Q2c. What is your least favourite subject? _____

Q3. How many of your friends from primary school are in your secondary school? [TICK ONE BOX ONLY]

- None _1 One _2 Two _3 Three or more _4 Still at primary school ... _5

Q4. How many of your friends from primary school are in your class? [TICK ONE BOX ONLY]

- None _1 One _2 Two _3 Three or more _4 Still at primary school ... _5

Q5x. How do you feel about school in general? [TICK ONE BOX ONLY]

- I like it very much _1
- I like it quite a bit _2
- I like it a bit _3
- I don't like it very much _4
- I hate it _5

Q5a. In general, how often do the following things happen to you in school? [TICK ONE BOX ON EACH LINE]

- | | Very often | Often | A few times | Never |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| You are told by a teacher that your work is good..... | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| You are encouraged to ask questions in class | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| A teacher praises you for answering a question | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| You are given out to by a teacher because your work is untidy or not done on time | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| You are asked questions in class by the teacher | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |
| You are given out to by a teacher for misbehaving in class | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 |

Q5b. In general, thinking about all your subjects and teachers, how regularly do the following take place in your classes? [TICK ONE BOX ON EACH LINE]

	Very regularly	Quite regularly	Now and again	Never or hardly ever
We copy notes from the board	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I can work in a group with other students	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher reads from the textbook	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher uses a CD or DVD in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We use computer facilities in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher explains things really well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher does most of the talking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I can express my opinions in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We have projects to do outside class time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We get homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q6. On average how much time do you spend doing homework on a normal weekday during term-time?
[TICK ONE BOX ONLY]

0 to 30 minutes.....	<input type="checkbox"/> 1	2 to less than 3 hours	<input type="checkbox"/> 5
31 minutes to less than one hour.....	<input type="checkbox"/> 2	3 to less than 4 hours	<input type="checkbox"/> 6
1 to less than 1.5 hours.....	<input type="checkbox"/> 3	4 hours or more	<input type="checkbox"/> 7
1.5 to less than 2 hours.....	<input type="checkbox"/> 4	Don't do homework.....	<input type="checkbox"/> 8

Q7. For each of these subjects, please indicate if you find the subject Difficult, OK, Not Difficult or You Don't Take that Subject. [TICK ONE BOX ON EACH LINE]

	Difficult	OK	Not difficult	Don't take
Maths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Irish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q8. For each of these subjects, please indicate if you find the subject Interesting, OK, Not interesting or you don't take that subject. [TICK ONE BOX ON EACH LINE]

	Interesting	OK	Not interesting	Don't take
Maths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Irish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q9a. Some students get extra help at school in some subjects. Over the last 12 months have you received any extra help within school in any subject?

..... Yes 1 No [Go to Q10](#)

Q9b. If Yes, what subjects did you get extra help in? [TICK ALL THAT APPLY]

English/Reading 1 Maths 2 Irish 3 Other (please specify) _____

Q10. Over the last 12 months, how often have the following things happened to you? [TICK ONE BOX ON EACH LINE]

	Never	Now & Again	Quite Often	All the time
I was late for school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I got into trouble for not following school rules.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I skipped classes or mitched.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I 'messed' in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I had to do extra work as punishment (including lines).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I had to do detention (after school or at lunch-time).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I was suspended from school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q11. How many days were you absent from school in the last 12 months (when the school was open) _____

Q12. What is the highest qualification you expect to get by the time you finish your education? [TICK ONE BOX ONLY]

- Junior Cert.....1
- Leaving Cert.....2
- Certificate or Diploma (including PLC, apprenticeship) ..3
- Degree or higher degree.....4

Q13. On a normal weekday during term-time, about how many hours do you spend watching television, videos or DVDs? Please remember to include time before school as well as time after school?

_____ hours _____ minutes None1

Q14. On a normal weekday during term-time, about how many hours do you spend reading for pleasure (books, magazines, newspapers, novels, comics)? [DO NOT INCLUDE TIME SPENT READING AT SCHOOL OR DOING HOMEWORK]

_____ hours _____ minutes None1

Q15. On a normal weekday, during term-time, about how much time do you spend using the computer? Please include time before school as well as time after school. [DO NOT INCLUDE TIME SPENT USING COMPUTERS IN SCHOOL]

_____ hours _____ minutes None1

Q16. On a normal weekday, during term-time, about how much time do you spend playing video games such as Playstation, X-box, Nintendo, etc.?

_____ hours _____ minutes None1

Q17. Are any of the following in your bedroom? [TICK 'YES' OR 'NO' FOR EACH]

- | | Yes | No |
|--|----------------------------|----------------------------|
| Television | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Computer or laptop | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Video / DVD player..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Games console (Playstation, etc) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

Q18. Do you have your own mobile phone? Yes.....1 No.....2

Q19. Do you have a computer at home? Yes.....1 No.....2

Q20. Do you have access to the internet at home, in school or somewhere else? Yes.....1 No.....2 → [Go to Q23](#)

Q21a. Where/how do you access the internet? [TICK ALL THAT APPLY]

- A. At school.....1
- B. At home on a PC or laptop in a family room.....2
- C. At home on a PC or laptop in your bedroom.....3
- D. Via a games console.....4
- E. Via Internet TV / cable in a family room.....5
- F. Via mobile phone / ipad or other mobile device.....6
- G. Other (please specify) _____ 7

Q21b. What do you use the internet for? [TICK 'YES' OR 'NO' FOR EACH]

- | | Yes | No |
|--|----------------------------|----------------------------|
| A. Playing games | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| B. Personal webpage (Facebook, Bebo, Twitter, etc) / instant messaging / emailing..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| C. Watching movies / downloading music | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| D. Surfing the internet for fun | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| E. Doing homework..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| F. Surfing the internet for school projects | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

Q22. Are you allowed to use the internet without your parents or another adult checking what you are doing? [TICK ONE BOX ONLY]

Yes always1 Yes sometimes.....2 No.....3

Q23. On an average school day, how much time in a day do you spend alone at home while nobody else is home? [TICK ONE BOX ONLY]

- None.....1 3 to less than 4 hours a day.....5
- Less than 1 hour.....2 4 to less than 6 hours a day.....6
- 1 to less than 2 hours a day.....3 6 or more hours a day.....7
- 2 to less than 3 hours a day.....4

Q24. The following questions refer to the rules and limits your parents may place on your activities.

A. Do you need your parents' permission before going out on week nights? [TICK ONE BOX ONLY]

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

B. If you go out on a Saturday evening, do you have to inform your parents beforehand about who you will be with and where you will be going? [TICK ONE BOX ONLY]

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

C. If you have been out very late one night, do your parents make you explain why and tell them who you were with? [TICK ONE BOX ONLY]

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

D. Do your parents demand to know where you are in the evenings, who you are going to be with, and what you are going to be doing? [TICK ONE BOX ONLY]

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

E. Do you have to ask your parents before you can make plans with friends about what you will do on a Saturday night? [TICK ONE BOX ONLY]

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

F. Do your parents make you tell them how you spend your money? [TICK ONE BOX ONLY]

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

Q25. How much spending money, if any, do you have to spend each week?

_____ Euro _____ Cent None1 → [Go to Q27](#)

Q26. Where do you get this money from? [TICK ALL THAT APPLY]

Regular pocket money	<input type="checkbox"/> 1
Doing chores (or babysitting) in the home	<input type="checkbox"/> 2
Given money by parents when I need it	<input type="checkbox"/> 3
Doing occasional jobs (e.g. babysitting) outside the home.....	<input type="checkbox"/> 4
Have a regular part-time job.....	<input type="checkbox"/> 5

Now some questions about exercise and sport.

Q27. How many times in the past 14 days have you done at least 20 minutes of exercise hard enough to make you breathe fast and make your heart beat faster? (Hard exercise includes, for example, playing football, jogging, fast cycling). Include time spent in physical education class. [TICK ONE BOX ONLY]

None1 1 to 2 days2 3 to 5 days3 6 to 8 days.....4 9 or more days5

Q28. How many times in the past 14 days have you done at least 20 minutes of light exercise that was not hard enough to make you breathe heavily and make your heart beat fast? (Light exercise includes walking or slow cycling). Include time spent in physical education class. [TICK ONE BOX ONLY]

None1 1 to 2 days2 3 to 5 days3 6 to 8 days.....4 9 or more days5

Q29. Outside of your physical education classes, how many team or individual sports or activities did you participate in during the past 12 months (for example, a school or local football/netball team, athletics, tennis etc.)? [TICK ONE BOX ONLY]

None _1_ 1 activity _2_ 2 activities _3_ 3 activities _4_ 4 or more activities . _5_

Q30. Please tell us the reasons why you choose not to participate in sporting activities? [TICK ALL THAT APPLY]

- I do not like team games _1_
- I am no good at games _2_
- I have no opportunities to play _3_
- I feel people laugh at me because of my size _4_
- I have a disability or health problem which prevents me from playing _5_
- I prefer to watch sports on TV _6_
- I do not fit in with the sporty crowd _7_
- I do not like to get dirty or sweaty _8_
- I am not competitive _9_
- I prefer to play computer games..... _10_
- Other reason (please specify) _11_

Q31. Please tick below to indicate (a) how often do you do each of these activities and (b), if you do them, whether or not they are paid for by your parents or by yourself:

	(a) How often do you do each of these activities?				(b) Does this activity have be paid for?		
	Never	Less than on a week	1-3 times week	4 or more times a week	No	Yes, my parents pay for it	Yes, I pay for it myself
A. Play sports or undertake physical activities without a coach or instructor (e.g. biking, skateboarding etc.)?	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
B. Play sports with a coach or instructor, or as part of an organised team, other than in P.E. class? (swimming, soccer, hockey, etc)?	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
C. Take part in dance, drama or music lessons	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
D. Take part in a homework club (either in school or elsewhere)	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
E. Take part in clubs or groups such as Guides or Scouts, youth club, community or church groups	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_	<input type="checkbox"/> _4_	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_

Q31c. If you do any of the above activities, do you have special responsibilities, such as team leader, captain, secretary, etc.?

Yes _1_ No _2_ Don't do any of the activities..... _3_

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

Q32. Do you usually have something to eat at home before going to school?

Yes _1_ No..... _2_

Q33. We would like you to think back to what you ate yesterday. Did you eat each of these foods Once, More than Once, or Not at All? [TICK ONE BOX ON EACH LINE]

	Once	More than Once	Not at All
A. Fresh fruit.....	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
B. Cooked vegetables	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
C. Raw vegetables or salad	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
D. Hamburger, hot dog, sausage or sausage roll, meat pie	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
E. Hot chips or french fries.....	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
F. Crisps or savoury snacks.....	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
G. Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
H. Sweets	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
I. Full-fat cheese / yoghurt / fromage frais	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
J. Low-fat cheese / low-fat yoghurt	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
K. Water (tap water / still water / fizzy water)	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
L. Fizzy drinks / minerals / cordial / squash (diet)	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
M. Fizzy drinks / minerals / cordial / squash (not diet)	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
N. Full cream milk	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_
O. Skimmed / semi-skimmed milk.....	<input type="checkbox"/> _1_	<input type="checkbox"/> _2_	<input type="checkbox"/> _3_

Q34. How often do you brush your teeth? [TICK ONE BOX ONLY]

More than twice a day _1_ Less often than once a day..... _4_

Twice a day _2_ Rarely..... _5_

Once a day _3_ Not at all..... _6_

Q35. Do you do any of these chores at home? [TICK ONE BOX ON EACH LINE]

	Every day	4/5 times a week	2/3 times a week	Less Often	Never
A. Help with cooking for the family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Hoovering / cleaning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Helping in the garden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Washing the dishes / emptying the dishwasher	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Putting out the bin / recycling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. Cleaning the car	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. Helping with your younger brothers or sisters	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Helping an elderly or sick relative in the family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q36. How many friends do you normally hang around with? [TICK ONE BOX ONLY]

- A. None 1 **Go to Q41** D. Between 6 and 10 4 **Go to Q37**
 B. One or two 2 **Go to Q37** E. More than 10 5 **Go to Q37**
 C. Between 3 and 5 3 **Go to Q37**

Q37. How many of these would you describe as CLOSE friends? _____

Q38. How old are the friends you usually go about with? [TICK ONE BOX ON EACH LINE]

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

Q39. How many of your friends have your parents met? [TICK ONE BOX ONLY]

- None of them 1
 Some of them 2
 Most or all of them 3

Q40. This part asks about your feelings about your relationships with your close friends. Please read each statement and tick the ONE number that tells how true the statement is for you now. [TICK ONE BOX ON EACH LINE]

	Almost never or never true	Not very often true	Sometimes true	Often true	Almost always or always true
A. Talking over my problems with friends makes me feel ashamed or foolish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. I wish I had different friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. My friends understand me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. My friends accept me as I am	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. I feel the need to be in touch with my friends more often	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. My friends don't understand what I'm going through these days	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. I feel alone or apart when I am with my friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. My friends listen to what I have to say	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. I feel my friends are good friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. My friends are fairly easy to talk to	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. When I am angry about something, my friends try to be understanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. I feel angry with my friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. I can count on my friends when I need to get something off my chest	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. I trust my friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. My friends respect my feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. I get upset a lot more than my friends know about	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. It seems as if my friends are irritated with me for no reason	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q41. The next set of questions are about how you have been feeling recently. For each question, please indicate how much you have felt or acted this way in the past two weeks.

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

TRUE SOMETIMES NOT TRUE

- A. I felt miserable or unhappy ₁ ₂ ₃
- B. I didn't enjoy anything at all ₁ ₂ ₃
- C. I felt so tired I just sat around and did nothing ₁ ₂ ₃
- D. I was very restless ₁ ₂ ₃
- E. I felt I was no good any more ₁ ₂ ₃
- F. I cried a lot ₁ ₂ ₃
- G. I found it hard to think properly or concentrate ₁ ₂ ₃
- H. I hated myself ₁ ₂ ₃
- I. I was a bad person ₁ ₂ ₃
- J. I felt lonely ₁ ₂ ₃
- K. I thought nobody really loved me ₁ ₂ ₃
- L. I thought I could never be as good as other kids ₁ ₂ ₃
- M. I did everything wrong ₁ ₂ ₃

Q42. Have you been bullied in the last 3 months?

Yes ₁ No ₂ - **Go to Q49**

Q43. How often did this bullying take place? [TICK ONE BOX ONLY]

- Once or twice ₁
- 2 or 3 times a month ₂
- About once a week ₃
- Several times a week ₄

Q44. What form did the bullying take? [TICK ALL THAT APPLY]

- A. Physical bullying ₁
- B. Verbal bullying (name-calling, hurtful slugging) ₂
- C. Electronic (phone messaging, emails, Facebook, etc) ₃
- D. Graffiti / pinning up notes / passing notes in class ₄
- E. Taking / damaging personal possessions ₅
- F. Exclusion (being left out) ₆
- G. Gossip, spreading rumours ₇
- H. Threatened / forced to do things you didn't want to do ₈
- I. Other please (specify) ₉

Q45. What was the reason for the bullying? [TICK ALL THAT APPLY]

- A. Ethnicity / race / nationality / skin colour ₁
- B. Physical disability ₂
- C. Learning difficulty / disability ₃
- D. Religion ₄
- E. Class performance / seen as star pupil ₅
- F. Teacher's pet ₆
- G. Physical appearance (clothes, glasses, weight, height, etc) ₆
- H. Family background ₇
- I. Seen not to conform to gender roles ₈
- J. Jealousy ₉
- K. Other (please specify) ₁₀

Q46. When you were bullied, how did this make you feel? [TICK ONE BOX ON EACH LINE]

- | | Not at all | A little | A lot |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| Upset <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Afraid <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Angry <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Wanted to take revenge <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Shrugged it off <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Isolated <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Determined to do something about it <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Other (please specify) <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

Q47. Have you told anyone that you have been bullied? Yes ₁ No ₂

Q48. Who have you told you have been bullied? [TICK ALL THAT APPLY]

- Teacher ₁
- Parent(s) ₂
- Friend ₃
- Other (please specify) ₈

Q49. In the last 3 months have you bullied someone?

Yes ₁ No ₂ - **Go to Q54**

Q50. How often did you bully someone? [TICK ONE BOX ONLY]

- Once or twice ₁
- 2 or 3 times a month ₂
- About once a week ₃
- Several times a week ₄

Q51. What form did the bullying take? [TICK ALL THAT APPLY]

- A. Physical bullying 1
- B. Verbal bullying (name-calling, hurtful slugging) 2
- C. Electronic (phone messaging, emails, Facebook, etc.) 3
- D. Graffiti / pinning up notes / passing notes in class 4
- E. Taking / damaging personal possessions 5
- F. Exclusion (being left out) 6
- G. Gossip, spreading rumours 7
- H. Threatened / forced to do things they didn't want to do 8
- I. Other (please specify) _____ 9

Q52. What was the reason for the bullying? [TICK ALL THAT APPLY]

- A. Ethnicity / race / nationality / skin colour 1
- B. Physical disability 2
- C. Learning difficulty / disability 3
- D. Religion 4
- E. Class performance / star pupil 5
- F. Teacher's pet 6
- G. Physical appearance (clothes, glasses, weight, height, etc.) .. 6
- H. Family background 7
- I. Seen not to conform to gender roles 8
- J. Jealousy 9
- K. Other (please specify) _____ 10

Q53. What caused you to bully someone? [TICK ALL THAT APPLY]

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

And now, some more questions about you ...

Q54. How would you describe yourself? [TICK ONE BOX ONLY]

- Very skinny 1
- A bit skinny 2
- Just the right size 3
- A bit overweight 4
- Very overweight 5

Q55. Have you ever exercised to lose weight or to avoid gaining weight?

- Yes 1 No 2

Q56. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to avoid gaining weight?

- Yes 1 No 2

Q57. How often do you weigh yourself? [TICK ONE BOX ONLY]

- More than once a day 1
- Every day 2
- Once a week 3
- Once a month 4
- Less than once a month 5
- Never 6

Q58. Which of the following are you trying to do about your weight? [TICK ONE BOX ONLY]

- Lose weight 1
- Gain weight 2
- Stay the same weight 3
- I am not trying to do anything about my weight 4

Q59. When you misbehave, how often do your parents do the following? [TICK ONE BOX ON EACH LINE]

- | | Always | Sometimes | Never |
|--|----------------------------|----------------------------|----------------------------|
| a. Explain to you what you have done wrong | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. Ignore you | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. Slap or hit you | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. Shout at you | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e. Send you out of the room or to your bedroom | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f. Stop your treats or pocket money | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g. Give out to you | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| h. Offer you treats to be good | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| i. Ground you | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

Q60. Here are some questions about how you feel about yourself. Please tick Yes or No for each question. Remember we won't tell anyone your answers.

	Yes	No
1. My classmates make fun of me	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. I am a happy person	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. It is hard for me to make friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. I am often sad	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. I am smart	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. I am shy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. I get nervous when the teacher calls on me	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8. My looks bother me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
9. I am a leader in games and sports.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10. I get worried when I have tests in school	<input type="checkbox"/> 1	<input type="checkbox"/> 2
11. I am unpopular	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12. I am well-behaved in school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
13. It is usually my fault when something goes wrong.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
14. I cause trouble to my family	<input type="checkbox"/> 1	<input type="checkbox"/> 2
15. I am strong	<input type="checkbox"/> 1	<input type="checkbox"/> 2
16. I am an important member of my family	<input type="checkbox"/> 1	<input type="checkbox"/> 2
17. I give up easily	<input type="checkbox"/> 1	<input type="checkbox"/> 2
18. I am good at school work	<input type="checkbox"/> 1	<input type="checkbox"/> 2
19. I do many bad things	<input type="checkbox"/> 1	<input type="checkbox"/> 2
20. I behave badly at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2
21. I am slow in finishing my school work	<input type="checkbox"/> 1	<input type="checkbox"/> 2
22. I am an important member of my class	<input type="checkbox"/> 1	<input type="checkbox"/> 2
23. I am nervous	<input type="checkbox"/> 1	<input type="checkbox"/> 2
24. I can give a good report in front of the class	<input type="checkbox"/> 1	<input type="checkbox"/> 2
25. In school I am a dreamer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
26. My friends like my ideas	<input type="checkbox"/> 1	<input type="checkbox"/> 2
27. I often get into trouble	<input type="checkbox"/> 1	<input type="checkbox"/> 2
28. I am lucky.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
29. I worry a lot	<input type="checkbox"/> 1	<input type="checkbox"/> 2
30. My parents expect too much of me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
31. I like being the way I am.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
32. I feel left out of things.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
33. I have nice hair.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
34. I often volunteer in school	<input type="checkbox"/> 1	<input type="checkbox"/> 2
35. I wish I was different.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
36. I hate school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
37. I am among the last to be chosen for games and sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2
38. I am often mean to other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2
39. My classmates in school think I have good ideas	<input type="checkbox"/> 1	<input type="checkbox"/> 2
40. I am unhappy	<input type="checkbox"/> 1	<input type="checkbox"/> 2
41. I have many friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
42. I am cheerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2
43. I am dumb about most things.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
44. I am good-looking.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
45. I get into a lot of fights	<input type="checkbox"/> 1	<input type="checkbox"/> 2
46. I am popular with boys	<input type="checkbox"/> 1	<input type="checkbox"/> 2
47. People pick on me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
48. My family is disappointed in me	<input type="checkbox"/> 1	<input type="checkbox"/> 2
49. I have a pleasant face.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
50. When I grow up I will be an important person.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
51. In games and sports, I watch instead of play.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
52. I forget what I learn	<input type="checkbox"/> 1	<input type="checkbox"/> 2
53. I am easy to get along with	<input type="checkbox"/> 1	<input type="checkbox"/> 2
54. I am popular with girls	<input type="checkbox"/> 1	<input type="checkbox"/> 2
55. I am a good reader.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
56. I am often afraid	<input type="checkbox"/> 1	<input type="checkbox"/> 2
57. I am different from other people.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
58. I think bad thoughts	<input type="checkbox"/> 1	<input type="checkbox"/> 2
59. I cry easily	<input type="checkbox"/> 1	<input type="checkbox"/> 2
60. I am a good person	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q61. Looking to the future, if you had your choice, what job would you really like to get?

Q62a. Were you alone when completing the questionnaire?

Yes.....1

No2

Q62b. Who else was present in the room with you? [TICK ALL THAT APPLY]

Parent1

Interviewer2

Other adult3

Brother / sister4

Other child5

APPENDIX G: YOUNG PERSON'S SENSITIVE QUESTIONNAIRE (MALE)



The Economic and Social Research Institute

Whitaker Square

Sir John Roderson's Quay



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

University of Dublin

Trinity College



TRINITY COLLEGE DUBLIN

GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

YOUNG PERSON SENSITIVE QUESTIONNAIRE (Male)

AREA

H'HOLD

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you really think. If you need help just let the interviewer know.

We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

1. Are you currently taught Relationships and Sexuality Education (RSE) in your school? Yes.....₁ No.....₂

2. Were you taught Relationships and Sexuality Education (RSE) in primary school?
Yes₁ No₂ Still at Primary School₂

3a. Have you ever discussed sex and/or relationship issues with your parent(s) / guardian(s)?
Yes₁ No₂

3b. Where would you be MOST likely to go to get information or advice on sex or relationship issues
[TICK ONE BOX ONLY]

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

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

4. Has your voice changed at all? **[TICK ONE BOX ONLY]**

- No, it is the same.....₁ Yes, it is now totally changed.....₃
 Yes, occasionally it is a lot lower.....₂ Not sure.....₄

5a. How often in the last year have you done any of the following? **[TICK ONE BOX ON EACH LINE]**

- | | Never | Once | 2 to 5 times | 6 or more times |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. Not paid the correct fare on a bus or train..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 2. Taken something from a shop or store without paying for it..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 3. Behaved badly in public so that people complained and you got into trouble..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 4. Stolen or ridden in a stolen car or a van or on a stolen motorbike..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 5. Taken money or something else that did not belong to you from school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 6. Carried a knife or weapon with you in case it was needed in a fight..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 7. Deliberately damaged or destroyed property that did not belong to you (e.g., windows, cars, streetlights)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 8. Broken into a house or building to steal something..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 9. Written things or sprayed paint on things that do not belong to you (for example, a phone box, car, building, bus shelter)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 10. Used force, threats or a weapon to get money or something else from somebody..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 11. Taken money or something else that did not belong to you from your home without permission..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 12. Broken into a car or van to steal something from it..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 13. Deliberately set fire or tried to set fire to someone's property or a building (e.g., school or shed)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 14. Hit, kicked or punched someone on purpose in order to hurt or injure them..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 15. Been involved in a serious physical fight where someone got badly hurt or needed to see a doctor..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

The people responsible for Growing Up in Ireland would like to make it clear that a lot of the activities mentioned are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal.

5b. Can I ask:

No, never Maybe Yes, definitely

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

6. Have you ever been in trouble with the gardai? Yes ₁ No ₂

7a. Have you ever smoked a cigarette?

Yes ₁ No ₂ - **Go to Question 8a**

7b. How often do you smoke cigarettes at present?

- Every day ₁
- At least once a week but not every day ₂
- Less than once a week ₃ - **Go to Question 8a**
- I do not smoke at present ₄ - **Go to Question 8a**

7c. How many cigarettes do you usually smoke in a week? _____ cigarettes a week

8a. Have you ever had an alcoholic drink (other than just a few sips)? (That means beer, wine, cider or spirits like vodka, whiskey, etc.)

Yes ₁ No ₂ - **Go to Question 9**

8b. During the last year did you have a whole alcoholic drink? (That means beer, wine, cider or spirits like vodka, whiskey, etc.)

Yes ₁ No ₂ - **Go to Question 9**

8c. How often do you drink alcohol now? Try to include even those times when you only drink a small amount.

- Never ₁ At least once a month ₄
- Rarely ₂ At least once a week ₅
- Only on special occasions ₃ Every day ₆

8d. Have you ever had so much alcohol that you were really drunk (or felt sick or dizzy)?

- No, never ₁ Yes, 4-10 times ₄
- Yes, once ₂ Yes, more than 10 times ₅
- Yes, 2-3 times ₃

9. Have you ever used cannabis? [also called 'hash', 'grass', 'weed' or 'pot']

Yes ₁ No ₂

10. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays or petrol to get high?

Yes ₁ No ₂

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

Yes ₁ No ₂

The people responsible for Growing Up in Ireland would like to make it clear that a lot of the activities mentioned in this Questionnaire are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal. Drinking alcohol, taking drugs, fighting and so on always cause lots of damage and pain for everyone involved. If you would like to talk to someone about any of the activities mentioned in this Questionnaire, please let the interviewer know. This may involve talking to your parents/guardians about the matter.

Q12a. Were you alone when completing the questionnaire? Yes ₁ No ₂

Q12b. Who else was present in the room with you?

Parent ... ₁ Interviewer ... ₂ Other adult ... ₃ Brother / sister ... ₄ Other child ₅

APPENDIX H: YOUNG PERSON'S SENSITIVE QUESTIONNAIRE (FEMALE)

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

YOUNG PERSON SENSITIVE QUESTIONNAIRE (Female)

AREA H'HOLD

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you really think. If you need help just let the interviewer know.

We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

1. Are you currently taught Relationships and Sexuality Education (RSE) in your school? Yes.....₁ No.....₂

2. Were you taught Relationships and Sexuality Education (RSE) in primary school?

Yes₁ No₂ Still at Primary School₂

3a. Have you ever discussed sex and/or relationship issues with your parent(s) / guardian(s)?

Yes₁ No₂

3b. Where would you be MOST likely to go to get information or advice on sex or relationship issues?

[TICK ONE BOX ONLY]

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

4a. Girls can start their periods at different ages. Have you started your periods yet?

Yes₁ No.....₂ – Go to Question 5a

4b. What age were you when you had your first period? _____ years _____ months

5a. How often in the last year have you done any of the following? **[TICK ONE BOX ON EACH LINE]**

	Never	Once	2 to 5 times	6 or more times
1. Not paid the correct fare on a bus or train	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2. Taken something from a shop or store without paying for it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
3. Behaved badly in public so that people complained and you got into trouble	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
4. Stolen or ridden in a stolen car or a van or on a stolen motorbike	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5. Taken money or something else that did not belong to you from school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
6. Carried a knife or weapon with you in case it was needed in a fight	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
7. Deliberately damaged or destroyed property that did not belong to you (e.g., windows, cars, streetlights)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
8. Broken into a house or building to steal something	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
9. Written things or sprayed paint on things that do not belong to you (for example, a phone box, car, building, bus shelter)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
10. Used force, threats or a weapon to get money or something else from somebody	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
11. Taken money or something else that did not belong to you from your home without permission	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
12. Broken into a car or van to steal something from it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13. Deliberately set fire or tried to set fire to someone's property or a building (e.g. school or shed)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
14. Hit, kicked or punched someone on purpose in order to hurt or injure them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
15. Been involved in a serious physical fight where someone got badly hurt or needed to see a doctor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

The people responsible for Growing Up in Ireland would like to make it clear that a lot of the activities mentioned are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal.

5b. Can I ask:

No, never Maybe Yes, definitely

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

6. Have you ever been in trouble with the gardai? Yes ₁ No..... ₂

7a. Have you ever smoked a cigarette?

Yes..... ₁ No..... ₂ - **Go to Question 8a**

7b. How often do you smoke cigarettes at present?

- Every day ₁
- At least once a week but not every day ₂
- Less than once a week ₃ - **Go to Question 8a**
- I do not smoke at present..... ₄ - **Go to Question 8a**

7c. How many cigarettes do you usually smoke in a week? _____ cigarettes a week

8a. Have you ever had an alcoholic drink (other than just a few sips)? (That means beer, wine, cider or spirits like vodka, whiskey, etc.)

Yes..... ₁ No..... ₂ - **Go to Question 9**

8b. During the last year did you have a whole alcoholic drink? (That means beer, wine, cider or spirits like vodka, whiskey, etc.)

Yes..... ₁ No..... ₂ - **Go to Question 9**

8c. How often do you drink alcohol now? Try to include even those times when you only drink a small amount.

- Never ₁ At least once a month ₄
- Rarely ₂ At least once a week ₅
- Only on special occasions..... ₃ Every day ₆

8d. Have you ever had so much alcohol that you were really drunk (or felt sick or dizzy)?

- No, never ₁ Yes, 4-10 times ₄
- Yes, once ₂ Yes, more than 10 times ₅
- Yes, 2-3 times ₃

9. Have you ever used cannabis? [also called 'hash', 'grass', 'weed' or 'pot']

Yes..... ₁ No..... ₂

10. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays or petrol to get high?

Yes..... ₁ No..... ₂

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

Yes..... ₁ No..... ₂

The people responsible for Growing Up in Ireland would like to make it clear that a lot of the activities mentioned in this Questionnaire are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal. Drinking alcohol, taking drugs, fighting and so on always cause lots of damage and pain for everyone involved. If you would like to talk to someone about any of the activities mentioned in this Questionnaire, please let the interviewer know. This may involve talking to your parents/guardians about the matter.

Q12a. Were you alone when completing the Questionnaire? Yes ₁ No ₂

Q12b. Who else was present in the room with you?

Parent ... ₁ Interviewer ... ₂ Other adult ... ₃ Brother / sister ... ₄ Other child ₅

APPENDIX I: YOUNG PERSON ON MOTHER QUESTIONNAIRE



GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

YOUNG PERSON SELF-COMPLETE QUESTIONNAIRE ON MUM (M)

AREA H'HOLD

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

We would now like to ask you some questions about your Mum

1. How well do you get on with your Mum?

Very well	Fairly well	You and your Mum do not get on				
<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃				
		Strongly Disagree	Disagree	I'm in Between	Agree	Strongly Agree
2. My Mum doesn't really like me to tell her my troubles	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅	
3. My Mum hardly ever praises me for doing well.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅	
4. I can count on my Mum to help me out if I have a problem	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅	
5. My Mum spends time just talking to me	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅	
6. My Mum and I do things that are fun together	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅	
7. My Mum tells me that her ideas are correct and that I shouldn't question them.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅	
8. My Mum respects my privacy.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅	
9. My Mum gives me a lot of freedom	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅	
10. My Mum makes most of the decisions about what I should do	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅	
11. My Mum believes I have a right to my own point of view.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅	
12. My Mum really expects me to follow family rules.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅	
13. My Mum really lets me get away with things.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅	
14. If I don't behave myself, my Mum will punish me.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅	
15. My Mum points out ways I could do better.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅	
16. When I do something wrong, my Mum does not punish me	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅	

Q17a. Were you alone when completing the questionnaire?

Yes.....₁ No₂

Q17b. Who else was present in the room with you? (Tick all that apply)

Parent	<input type="checkbox"/> ₁
Interviewer	<input type="checkbox"/> ₂
Other adult	<input type="checkbox"/> ₃
Brother / sister	<input type="checkbox"/> ₄
Other child	<input type="checkbox"/> ₅

APPENDIX J: YOUNG PERSON ON FATHER QUESTIONNAIRE



GROWING UP IN IRELAND – the national longitudinal study of children
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YOUNG PERSON SELF-COMPLETE QUESTIONNAIRE ON DAD (D)

AREA H'HOLD

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

We would now like to ask you some questions about your Dad

1. How well do you get on with your Dad?

Very well ₁ Fairly well ₂ You and your Dad do not get on ₃

	Strongly Disagree	Disagree	I'm in Between	Agree	Strongly Agree
2. My Dad doesn't really like me to tell him my troubles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. My Dad hardly ever praises me for doing well	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. I can count on my Dad to help me out if I have a problem	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. My Dad spends time just talking to me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. My Dad and I do things that are fun together.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7. My Dad tells me that his ideas are correct and that I shouldn't question them.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8. My Dad respects my privacy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
9. My Dad gives me a lot of freedom	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10. My Dad makes most of the decisions about what I should do.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
11. My Dad believes I have a right to my own point of view	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
12. My Dad really expects me to follow family rules	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
13. My Dad really lets me get away with things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
14. If I don't behave myself, my Dad will punish me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15. My Dad points out ways I could do better	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
16. When I do something wrong, my Dad does not punish me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q17a. Were you alone when completing the questionnaire?

Yes.....₁ No₂

Q17b. Who else was present in the room with you? (Tick all that apply)

Parent	<input type="checkbox"/> ₁
Interviewer	<input type="checkbox"/> ₂
Other adult	<input type="checkbox"/> ₃
Brother / sister	<input type="checkbox"/> ₄
Other child	<input type="checkbox"/> ₅

APPENDIX K: YOUNG PERSON ON STEP-DAD/-MOTHER'S PARTNER QUESTIONNAIRE



GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

YOUNG PERSON SELF-COMPLETE QUESTIONNAIRE ON STEP-DAD / MOTHER'S PARTNER (MP)

AREA H'HOLD

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

We would now like to ask you some questions about your step-Dad or your Mum's partner who lives at home with you

1. How well do you get on with him?

Very well ₁ Fairly well ₂ You and your step-Dad/Mum's partner do not get on ₃

- | | Strongly Disagree | Disagree | I'm in Between | Agree | Strongly Agree |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 2. He doesn't really like me to tell her my troubles | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 3. He hardly ever praises me for doing well | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 4. I can count on him to help me out if I have a problem | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 5. He spends time just talking to me | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 6. He and I do things that are fun together | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 7. He tells me that his ideas are correct and that I shouldn't question them..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 8. He respects my privacy..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 9. He gives me a lot of freedom | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 10. He makes most of the decisions about what I should do..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 11. He believes I have a right to my own point of view | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 12. He really expects me to follow family rules | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 13. He really lets me get away with things | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 14. If I don't behave myself, he will punish me | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 15. He points out ways I could do better..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 16. When I do something wrong, he does not punish me..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Q17a. Were you alone when completing the questionnaire?

Yes.....₁ No₂

Q17b. Who else was present in the room with you? (Tick all that apply)

- Parent ₁
- Interviewer ₂
- Other adult ₃
- Brother / sister ₄
- Other child ₅

APPENDIX L: DRUMCONDRA REASONING TEST (DRT)



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Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

**EDUCATIONAL RESEARCH CENTRE
ST PATRICK'S COLLEGE, DUBLIN 9**

ADMINISTRATION MANUAL Form C

REVISED

DRUMCONDRA REASONING TEST *(Individual administration version)*



GROWING UP IN IRELAND

Directions for Administering the DRT

Time limit: 25 minutes

All instructions to students are printed in **bold type**. These directions should be read aloud. Pause when directed to do so, or when four dots (. . . .) follow an instruction, to allow the appropriate amount of time for the procedure to be carried out.

1. Say:

Turn to Page 2 of your answer sheet. Look at the top half of Page 2 headed 'PART 1 – VERBAL REASONING'. The answers to Part 1 of the test will be marked here, as will the answers to the two verbal reasoning sample questions. There are 20 questions in Part 1 of the test. (Point out to students the part of Page 2 labelled 'Part 1 - Verbal Reasoning'.)

Now look at the bottom half of Page 2 headed 'PART 2 – NUMERICAL ABILITY'. The answers to the two sample questions and the 20 numerical ability questions in Part 2 of the test will be marked here.

Open your test booklet at Page 3 which is headed 'DIRECTIONS'. Do not turn to any other page in the test booklet until I tell you to do so. Do not write on your test booklet.

2. **Read the directions at the top of Page 3 while I read them aloud.**

For each question in the test:

- *Read the question carefully.*
- *Select the best answer from among the four answers given.*
- *Find the number of the question on Page 2 of your answer sheet.*

Answers to the first 20 questions go in Part 1 – Verbal Reasoning.

(Point to Part 1 of the student's answer sheet)

Answers to the last 20 questions go in Part 2 – Numerical Ability.

(Point to Part 2 of the student's answer sheet)

- *Fill in the slot under the letter of the answer you have chosen.*

3. **Now look at the box containing the four sample questions. . . . Look at Sample Question K. . . . (Point this out.) It asks: *Which word is nearest in meaning to happy?* Below the question, four words are given. They are (A) *sorry*, (B) *glad*, (C) *angry* and (D) *tired*. Which of these words is nearest in meaning to *happy*?**

Pause and accept a reply. Say:

Yes, Answer (B), *glad*, is the correct answer. *Glad* is nearest in meaning to *happy*. Now return to Part 1 on Page 2 of your answer sheet. . . . Find Sample Question K in the red shaded box. . . . and fill in the slot under the letter (B) for Sample Question K. . . .

Check that the student has filled in the answer correctly. Provide help as needed.

4. Say:

Now look at Page 3 of your test booklet again. Read Sample Question L silently and, when you have selected an answer, mark the answer in the shaded box in Part 1 on Page 2 of your answer sheet. . . . When you are finished, put down your pencil. . . .

Check that the student has marked the answer correctly on their answer sheet (Part 1, Sample Question L, Answer (D)). Pay special attention if the student is having difficulty with the answering procedure. Then say:

You should have filled in the slot under the letter (D) for Sample Question L in Part 1 on Page 2 of your answer sheet. The word which is the odd one out is *argue*. If you have marked the wrong slot, rub it out completely and fill in the slot under the letter (D).

Numerical Ability Instructions

5. Say:

Now look at Sample Question W on Page 3 (point this out). . . . This is a Numerical Ability item. You are asked to solve the problem $2P + Q9 = 72$. Below the problem, there are four possible pairs of values for the letters P and Q. They are (A) $P=3, Q=0$; (B) $P=3, Q=3$; (C) $P=3, Q=4$ and (D) $P=0, Q=4$. Which pair of values would replace the letters P and Q in order to give the answer 72?

Pause and accept a reply. Say:

Yes, Answer (C), $P=3, Q=4$ is the correct answer: $23 + 49 = 72$. Now look at Part 2 on Page 2 of your answer sheet. Find Sample Question W in the shaded box and fill in the slot under the letter (C).

6. **Now read Sample Question X, and, when you know the answer, fill in the correct slot for that question on your answer sheet. . . . When you have finished put down your pencil. . . .**

When the student has answered Question X, say:

You should have filled in the slot under the letter (A) for Sample Question X. The number 40 is missing from the box. If you have marked the wrong slot, rub it out completely and fill in the slot under the letter (A) now. (Pause.)

Are there any questions?

7. When you are satisfied that the student understands the procedure for marking answers, say:

Now, look at the instructions at the end of Page 3 in your test booklet. Read these instructions silently to yourself while I read them aloud:

1. *Make sure you mark only one answer for each question on the separate answer sheet. Make no other marks on the answer sheet.*
2. *Check that you mark the answer for the question you are doing.*
3. *You may do rough work on the blank sheet you have received.*
4. *If you are not sure of an answer, make your best guess and go on to the next question.*
5. *If you change an answer, be sure to rub out completely the first answer on the answer sheet.*
6. *There are 40 questions in the test. You will have 25 minutes to complete all questions.*
7. *Work on your own during the test as no help can be given with the questions.*
8. **When I say 'Begin', turn to Page 4 of your test booklet and begin work. Read the instructions at the top of the page and, when you are ready, start at Question Number 1 and continue working until you reach Question Number 40 on Page 7, or until time is up. Remember to use the first half of the answer sheet for Verbal Reasoning answers and the second half for Numerical Ability answers.**

Begin.

Write down the exact time you say 'Begin'.

9. From time to time check that the student is filling in the answers in the correct part of the answer sheet and in the correct manner.

After 10 minutes, say:

If you have not already done so you should finish the Verbal Reasoning items and begin the Numerical Ability items on page 6.

After 20 minutes, say:

You have five minutes left.

After 25 minutes, say:

Stop working. . . . Put down your pencil.

END



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The University of Dublin

APPENDIX M: TIME USE DIARY



T1. Please record the day and date of the Diary Day, i.e. the day the activities relate to:

Day _____ Date _____ (dd) _____ (mm)

T2. Was this:

Yes		No
A school day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
A holiday or family celebration	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
A day when something special was happening in your home (someone was sick, someone was visiting, a family crisis)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

T3. When did you fill in the diary? Please tick (✓) one box.

Now and then during the diary day ₁

At the end of the diary day ₂

The day after the diary day ₃

Later ₄

T4. About how many days after? _____ days after

T5. Did you (the Young Person) complete the diary (please tick one):

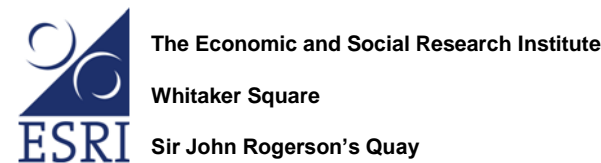
By yourself..... ₁

With Mum / Dad..... ₂

With other adult / older brother or sister ₃

PLEASE RETURN THIS COMPLETED TIMEUSE DIARY IN THE ENCLOSED PRE-PAID ENVELOPE TO THE ECONOMIC AND SOCIAL RESEARCH INSTITUTE (ESRI).

THE ASSISTANCE OF YOU AND YOUR FAMILY IN THE *GROWING UP IN IRELAND* PROJECT IS GREATLY APPRECIATED AND WILL HOPEFULLY ASSIST ALL YOUNG PEOPLE IN IRELAND OVER THE COMING YEARS.



Area Code Household Code

GROWING UP IN IRELAND – the national longitudinal study of children

Time Use Diary

STRICTLY CONFIDENTIAL

As part of the *Growing Up in Ireland* project we would like to record details on how 13-year-olds in Ireland spend their time.

We would like you to complete the enclosed time-use diary as shown by the interviewer – your Mum or Dad can help you if you like. Simply mark the booklet to indicate what you were doing for each quarter hour in the day. To do this draw an arrow through the relevant 15 minute slots to indicate what you were doing.

If you were engaged in a number of activities in any given 15-minute time period we would like you to record your MAIN activity – for example if at some time in the course of the day you were watching TV and also eating a snack and if you considered your main activity to have been watching the TV at that time then record this in Line 15 – Watching TV, Films, Videos or DVDs rather than in Line 3 on Eating.

Once again we would like to assure you that all of the information provided will be treated in the strictest confidence and will not be revealed in any way which could be associated with your name or address.

Day on which we would like this diary to be completed:

DAY _____ **DATE** _____

APPENDIX N: PRIMARY CAREGIVER QUESTIONNAIRE

GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

PRIMARY CAREGIVER QUESTIONNAIRE – 13-year

AREA

HOUSEHOLD

Interviewer Name _____ Interviewer Number

Date _____
 Day month year

Almost four years have passed since you and your family were interviewed as part of *Growing Up in Ireland*. At that time we explained that we would like to make a return visit to your home for a follow-up interview to see how your child has changed and grown since our last visit. We are now seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 1½ - 2 hours to complete [INTERVIEWER: Adjust as appropriate for you in the field]. 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 Department of Children and Youth Affairs, 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: I'd like to begin by speaking to <primary caregiver at time 1>. 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] people lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.

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

No.	First name	Sex		Date of Birth	Age If DOB available	Still resident		Relationship of each member to PCG and child.	(E) Show Card A2F								
									R'SHIP TO CARD A2E Mother	R'SHIP TO CARD A2F Child	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
1		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___		<input type="checkbox"/> 1 <input type="checkbox"/> 2	///											
2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___		<input type="checkbox"/> 1 <input type="checkbox"/> 2	///											
3		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7			
4		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7			
5		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7			
6		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7			
7		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7			
8		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7			

Interviewer: Primary Caregiver should be on line 1.

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

[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]

A3. Has anyone else joined the household since we last spoke and is currently living with you?

..... Yes 1 No 2 Go to A4

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

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

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

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

[ASK ONLY IF <TIME 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 caregiver questionnaire with us on this occasion as well. Can I just check, are you still the primary caregiver of <child>?

..... Yes 1 Go to 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 A2 above] lives here with you as part of the household. This means that we should interview him/her as the primary caregiver of <child> on this occasion. Is that correct?

..... Yes _1 No _2 [[BLAISE INSTRUCTION - END OF THE INTERVIEW]]

Go to A9a

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

A7a. Are you the parent / legal 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 _1 Grand parent _5
- Adoptive mother/ father _2 Aunt/uncle _6
- Step-mother / Step-father / Partner of child's parent _3 Other relative/ in law _7
- Foster mother / father _4 Unrelated guardian _8

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

..... Yes _1 No _2

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

_____ persons

No.	First name/Initial	Sex M F	Date of Birth	Age If DOB not available	Was this Person Resident at time 1?		Relationship of each member to mother and child.		(E) Show Card A2F						
					Y	N	R'SHIP TO MOTHER	R'SHIP TO CHILD	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
					CARD A2E	CARD A2F	Mother	Child							
51		<input type="checkbox"/> _1 <input type="checkbox"/> _2	___		<input type="checkbox"/> _1 <input type="checkbox"/> _2	///	///	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	
52		<input type="checkbox"/> _1 <input type="checkbox"/> _2	___		<input type="checkbox"/> _1 <input type="checkbox"/> _2	///	///	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	
53		<input type="checkbox"/> _1 <input type="checkbox"/> _2	___		<input type="checkbox"/> _1 <input type="checkbox"/> _2			<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	
54		<input type="checkbox"/> _1 <input type="checkbox"/> _2	___		<input type="checkbox"/> _1 <input type="checkbox"/> _2			<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	
55		<input type="checkbox"/> _1 <input type="checkbox"/> _2	___		<input type="checkbox"/> _1 <input type="checkbox"/> _2			<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	

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

Born into the household _1

Joined for another reason (specify) _____ _2

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

Go to A9a

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

Yes _1 No _2

A9b. How many full / half / step / adoptive brother(s) or sister(s) does <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 <input type="checkbox"/> 1	Female <input type="checkbox"/> 2	Date of Birth ___ / ___ / _____	Relationship to <child> SHOW CARD A9c
2.	Male <input type="checkbox"/> 1	Female <input type="checkbox"/> 2	Date of Birth ___ / ___ / _____	Relationship to <child> SHOW CARD A9c
3.	Male <input type="checkbox"/> 1	Female <input type="checkbox"/> 2	Date of Birth ___ / ___ / _____	Relationship to <child> SHOW CARD A9c

Now I would like to ask you a few questions regarding the Child's health.

B. CHILD'S HEALTH

B1. [Card B1] In general, how would you describe <child's> health in the past year?

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

B2. Does <child> have any 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. Has this problem, illness or disability been diagnosed by a medical professional?

Yes 1 No 2

B5. Since when has <child> had this problem, illness or disability? _____ (mth) _____ (year)

B6. Is <child> hampered in his/her daily activities by this problem, illness or disability?

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

B7. 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

B8. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? _____ N

B9. Has <child> been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) over the last 12 months?

..... Yes 1 No 2

B10a. Has <child> received a course of antibiotics in the past 12 months?

..... Yes 1 No 2

B10b. In total, how many courses of antibiotics has <child> received in the past 12 months?

_____ N

B11. Most children have accidents at some time. In the last 12 months has <child> had an accident or injury that required hospital treatment or admission?

Yes 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. About how many nights has <child> spent in hospital over his/her lifetime? (Exclude at time of birth)

[INTERVIEWER: IF NONE, ENTER '0' – DO NOT LEAVE BLANK] _____ nights

B15. In the last 12 months how many visits has <child> made to the A&E (Accident and Emergency) department of a hospital? [INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] _____ visits

B16. [Card B16] In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the <child's> physical, emotional or mental health? [Int. if 'none' write '0' do not leave blank]

N times Don't know Refused

- A. A general practitioner (GP) ₃ ₄
B. A practice nurse ₃ ₄
C. Another medical doctor e.g. in a hospital ₃ ₄
D. Other professional, psychologist, psychiatrist, counsellor etc ₃ ₄
E. A social worker ₃ ₄

B17. Was there any time during the past 12 months when <child> really needed to consult a GP or specialist but did not?

Yes, there was at least one occasion ₁ No, there was no such occasion ₂

B18. [Card B18] What was the main reason for not consulting a GP or specialist?

- a) You couldn't afford to pay ₁
b) The necessary medical care wasn't available or accessible to you ₂
c) You could not take time off work to visit the doctor with <child> ₃
d) You wanted to wait and see if the problem got better ₄
e) Child refused / fear of doctor ₅
f) Child is still on the waiting list ₆
g) Too far to travel/no means of transport ₇
h) Other (specify) ₈

B19. [Card B19] Which of the following best describes how regularly <child> visits the dentist?

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

B20. Has <child> ever had:

Yes No

- (a) Any permanent / secondary teeth filled? ₁ ₂
(b) Any permanent / secondary teeth pulled? ₁ ₂

B21. Was there any time during the past 12 months when <child> really needed to consult a dentist but did not?

Yes, there was at least one occasion ₁ No, there was no such occasion ₂

B22. [Card B22] What was the main reason for not consulting the dentist?

- a) You couldn't afford to pay ₁
b) The necessary medical care wasn't available or accessible to you ₂
c) You could not take time off work to visit the dentist with <child> ₃

- d) You wanted to wait and see if the problem got better 4
- e) Child refused / fear of dentist 5
- f) Child is still on the waiting list 6
- g) Too far to travel/no means of transport..... 7
- h) Other (specify) 8

B23. Does <child> usually have breakfast at home before going to school?

Yes 1 No 2

B24. [Card B24] Which of these best describes <child's> weight?

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

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

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

- Less than ½mile (less than 1km) 1
- ½ to less than 1 mile (1 - less than 2km) 2
- 1-5 miles (2 - less than 8km)..... 3
- More than 5 miles away (8km or more) 4
- Attends boarding school..... 5
- Not applicable..... 7

B26. [Card B26] How does <child> usually go to school?

- 1. He/she walks 1
- 2. By public transport 2
- 3. School bus/coach 3
- 4. By car 4
- 5. Rides a bicycle 5
- 6. Other (please describe)..... 6
- 7. Not applicable 7

C. RESPONDENT'S HEALTH

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

C1. [Card C1] In general, how would you say your current health is?

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

C2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes..... 1 No 2

C3. 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.]

C4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

C5. Are you hampered in your daily activities by this problem, illness or disability?

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

C6. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after <child>?

Yes, in the past..... ₁ Yes, currently₂ No.....₃

C7. Thinking about your free-time, in general would you say you are...[INT:READ OUT]

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

C8. [Card C8] Do you think that you are:

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

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

C9. [Card C9] How often do you try to lose weight through dieting? Would you say...[INT:READ OUT]

Very often ₁ Often ₂ Sometimes ₃ Rarely ₄ Never ₅

C10. Is <child> covered by a medical card?

Yes, full card ₁ Yes, doctor only card ₂ Not covered..... ₃

C11. Is <child> covered by private medical insurance?

Yes ₁ No..... ₂

C12. Does that insurance include the cost of GP visits?

Yes, in full ₁ Yes, partially..... ₂ No..... ₃

D. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the Child's emotional health and well-being.

D1. [Card D1] Looking at Card D1, has <child> experienced any of the following since we last interviewed you when he/ she was nine:

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

- A. Death of a parent 1
- B. Death of a close family member (other than a parent) please specify 2 _____
- C. Death of close friend..... 3
- D. Divorce/separation of parents..... 4
- E. Moving house within Ireland 5
- F. Moving country 6
- G. Stay in foster home/ residential care 7
- H. Serious illness/injury..... 8
- I. Serious illness/injury of a family member..... 9
- J. Drug taking/alcoholism in the immediate family 10
- K. Mental disorder in immediate family 11
- L. Your house being broken into 12
- M. Conflict between parents..... 13
- N. Parent in prison 14
- O. Other disturbing event (please specify)..... 15 _____
- P. None of the above 16

D2. [Card D2] Listed on Card D2, is a set of statements which could be used to describe <child's> behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of <child's> behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

- | | Not
True | Somewhat
True | Certainly
True |
|--|----------------------------|----------------------------|----------------------------|
| A. Considerate of other people's feelings | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| B. Restless, overactive, cannot stay still for long | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| C. Often complains of headaches, stomach aches or sickness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| D. Shares readily with other children (treats, toys, pencils etc.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| E. Often has temper tantrums or hot tempers..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| F. Rather solitary, tends to play alone | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| G. Generally obedient, usually does what adults request..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| H. Many worries, often seems worried..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| I. Helpful if someone is hurt, upset or feeling ill | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| J. Constantly fidgeting or squirming | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| K. Has at least one good friend..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| L. Often fights with other children or bullies them | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| M. Often unhappy, down-hearted or tearful | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| N. Generally liked by other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| O. Easily distracted, concentration wanders..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| P. Nervous or clingy in new situations, easily loses confidence | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Q. Kind to younger children..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| R. Often lies or cheats..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| S. Picked on or bullied by other children..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| T. Often volunteers to help others (parents, teachers, other children) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| U. Thinks things out before acting..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| V. Steals from home, school or elsewhere | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| W. Gets on better with adults than with other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| X. Many fears, easily scared | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Y. Sees tasks through to the end, good attention span | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

D3. [Card D3] Listed on card D3 are a number of personality traits that may or may not apply to your child. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to him/her, even if one characteristic applies more strongly than the other.

I see my child as:

	Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
Extroverted, enthusiastic.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Critical, quarrelsome	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Dependable, self-disciplined	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Anxious, easily upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Open to new experiences, complex	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Reserved, quiet.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Sympathetic, warm.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Disorganized, careless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Calm, emotionally stable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Conventional, uncreative.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

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

E. CHILD'S EDUCATION – PAST AND CURRENT

E1a. What class did / will <child> start in September 2011?

- 5th Class 1 Go to E1b
- 6th Class 2 Go to E1b
- First Year..... 3 Go to E1b
- Second Year..... 4 Go to E1b
- Child is being home schooled. 5 Go to E7
- Child attends a special school..... 6 Go to E1b
- Child no longer attends school..... 7 Go to E10

E1b. What school does <child> attend / will attend from September 2011?

Name of school: _____

Full address of school: _____

E1c. In what year did <child> start primary school? September 20__

E1d. [Card E1d] How would you describe <child's> current base class – the one they will be in from September 2011? (Tick one box)

- Special class 1
- Class which is mixed ability / randomly allocated 2
- Higher stream class in streamed school 3
- Middle stream class in streamed school 4
- Lower stream class in streamed school..... 5
- Not sure / don't know 6

[ONLY ASK IF CHILD IS IN 2nd YEAR AT E1a, THEN GO TO E5]

E2. [Card E2] Here are some views about how your child settled into their new school. There are no right or wrong answers. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My child settled well into secondary school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child missed old friends from primary school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child was anxious about making new friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child coped well with the school work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child made new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is involved in extra-curricular activities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child gets too much homework at this school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[ONLY ASK IF CHILD IS IN 1st YEAR AT E1a, THEN GO TO E4b]

E3. [Card E3] Here are some views about how your child is settling into their new school. There are no right or wrong answers. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My child is settling in well into secondary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child misses old friends from primary school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is anxious about making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is coping well with the school work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child has made new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is involved in extra-curricular activities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child gets too much homework at this school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[ONLY ASK IF CHILD IS IN 5th / 6th CLASS AT E1a, THEN GO TO E5]

E4a. [Card E4a] If your child is still in fifth / sixth class for each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My child is excited about starting secondary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is looking forward to making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is nervous about moving to a new school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E4b. Has <child> attended an Open Day at his/her new school Yes 1 No..... 2

E5. [Card E5] Over the last 12 months, have you had any contact with the school? (Please include contact you have had with the child's current school or any other school the child attended in the last 12 months) [Please tick 'Yes' or 'No' to each.]

	Yes	No
A. You have attended a parent-teacher meeting	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. You have attended a school concert, play or other event (such as sports day).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. You have <u>been to see</u> the principal or another teacher about child's behaviour or school performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. You have spoken to the principal or another teacher <u>on the phone</u> about child's behaviour or school performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2

E6a. [Card E6a] Looking at Card E6a, during the last 12 months, about how many days was <child> absent from school for any reason? (Only include days the child was absent when the school was open e.g. do not include days missed because of the school being closed due to bad weather).

0 days.....	<input type="checkbox"/> 1	11 to 20 days.....	<input type="checkbox"/> 5
1 - 3 days.....	<input type="checkbox"/> 2	More than 20 days.....	<input type="checkbox"/> 6
4 to 6 days.....	<input type="checkbox"/> 3	Not in school last year.....	<input type="checkbox"/> 7
7 to 10 days.....	<input type="checkbox"/> 4		

E6b. [Card E6b] Looking at Card E6b, what was the main reason for <child> being absent from school?

Health reasons (illness or injuries)	<input type="checkbox"/> 1	A problem with a teacher	<input type="checkbox"/> 8
Problems with transportation.....	<input type="checkbox"/> 2	A problem with children at school	<input type="checkbox"/> 9
Problems with the weather	<input type="checkbox"/> 3	Difficulties with childcare arrangements	<input type="checkbox"/> 10
A family vacation	<input type="checkbox"/> 4	Family crisis	<input type="checkbox"/> 11
Refused to go to school	<input type="checkbox"/> 5	Child has left school.....	<input type="checkbox"/> 12
A fear of school (school phobia).....	<input type="checkbox"/> 6	Other (specify)	<input type="checkbox"/> 13
Suspended from school	<input type="checkbox"/> 7		

E7. [Card E7] Looking at Card E7, how much time does <child> usually spend doing homework on a weekday during term time?

0 to 30 minutes.....	<input type="checkbox"/> 1	2 to less than 3 hours	<input type="checkbox"/> 5
31 minutes to less than one hour.....	<input type="checkbox"/> 2	3 to less than 4 hours	<input type="checkbox"/> 6
1 to less than 1.5 hours.....	<input type="checkbox"/> 3	4 hours or more	<input type="checkbox"/> 7
1.5 to less than 2 hours.....	<input type="checkbox"/> 4	Doesn't get homework.....	<input type="checkbox"/> 8 Go to E9

E8a. How often do you or your spouse/partner provide help with <child>'s homework? Would you say
[INT: READ OUT]

Always/ Nearly Always	Regularly	Now and Again	Rarely	Never	Never gets homework
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 6

E8b. Why is that?

Child doesn't need help	I / We don't have time	I / We are not able to help	Child doesn't want help	Someone else helps
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E9. [Card E9] Looking at Card E9, taking everything into account, how far do you expect <child> will go in his/her education or training?

Junior Certificate or equivalent.....	<input type="checkbox"/> 1
Leaving Certificate or equivalent.....	<input type="checkbox"/> 2
An apprenticeship or trade	<input type="checkbox"/> 3
Diploma/Certificate	<input type="checkbox"/> 4
Degree.....	<input type="checkbox"/> 5
Postgraduate/higher degree.....	<input type="checkbox"/> 6
Don't know.....	<input type="checkbox"/> 7

E10. About how many close friends does <child> have?

None.....	<input type="checkbox"/> 1	1	<input type="checkbox"/> 2	2 or 3.....	<input type="checkbox"/> 3	4 or 5.....	<input type="checkbox"/> 4	6 or more	<input type="checkbox"/> 5
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E11. To your knowledge, has <child> been a victim of bullying in the last 3 months?

Yes	<input checked="" type="checkbox"/> 1	No	<input type="checkbox"/> 2
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E12. [Card E12] Looking at Card E12, what form did the bullying take? [Int. tick all that apply]

A. Physical bullying	<input type="checkbox"/> 1	F. Sexual comments	<input type="checkbox"/> 6
B. Verbal bullying (name calling, hurtful slugging).....	<input type="checkbox"/> 2	G. Exclusion (being left out).....	<input type="checkbox"/> 7
C. Electronic (phone messaging, emails, Facebook, etc)....	<input type="checkbox"/> 3	H. Gossip, spreading rumours.....	<input type="checkbox"/> 8
D. Graffiti/pinning up notes/passing notes in class	<input type="checkbox"/> 4	I. Threatened or forced to do things s/he didn't want to.....	<input type="checkbox"/> 9
E. Taking /damaging personal possessions	<input type="checkbox"/> 5	J. Other (specify).....	<input type="checkbox"/> 10

E13. [Card E13] How often did the bullying take place?

A. Once or twice	<input type="checkbox"/> 1
B. 2 or 3 times a month	<input type="checkbox"/> 2
C. About once a week.....	<input type="checkbox"/> 3
D. Several times a week	<input type="checkbox"/> 4

E14. Did this upset your child?

A. A lot.....	<input type="checkbox"/> 1
B. A little	<input type="checkbox"/> 2
C. Not at all.....	<input type="checkbox"/> 3

E15. [Card E15] Does <child> have any of the following conditions or disabilities? [Tick all that apply]

a. Physical disability or visual or hearing impairment	<input type="checkbox"/> 1
b. Specific learning disability (e.g. Dyslexia, Dyscalculia, Dyspraxia).....	<input type="checkbox"/> 2
c. General learning disabilities (Mild, Moderate, Severe/Profound)	<input type="checkbox"/> 3
d. Autism Spectrum Disorders (e.g. Autism, Aspergers syndrome)	<input type="checkbox"/> 4
e. Emotional or behavioural disorders (e.g. ADHD (Attention Deficit Hyperactivity Disorder)/ ADD).....	<input type="checkbox"/> 5
f. Mental health difficulty	<input type="checkbox"/> 6
g. Speech or language difficulty (including speech impediment)	<input type="checkbox"/> 7
h. Assessed Syndrome (e.g. Down Syndrome, Tourettes Syndrome)	<input type="checkbox"/> 8
i. Slow progress (reasons unclear)	<input type="checkbox"/> 9
j. Other (please specify)	<input type="checkbox"/> 10
k. None of the above	<input type="checkbox"/> 11

→ Go to E24

E16. Has this condition or disability been diagnosed by a medical professional?

Yes ₁ No ₂ Awaiting Consultation ₃

E17. What age was <child> when this condition or disability was first diagnosed? _____ years

[INT: If condition or disability was diagnosed at time of birth, code as '0']

Ask E18 only of respondents who ticked yes at E15e

E18. Has <child> been prescribed any medication for this condition (e.g. Ritalin, Abilify etc...)?

Yes ₁ No ₂

Ask E19 only of respondents who ticked yes at E15f

E19. Has <child> been prescribed any medication for this condition?

Yes ₁ No ₂

Ask E20 only of respondents who ticked yes at E15G

E20. [Card E20] 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 combinations ₉
- J. Other (please specify) ₁₀
- K. Don't know ₉₉

E21. [Card E21] Please indicate if <child> receives support from any of the following IN SCHOOL

[Tick all that apply]

In School

- | | |
|---|--|
| Resource Teaching/ Learning Support <input type="checkbox"/> ₁ | Behavioural Management Programme <input type="checkbox"/> ₇ |
| Special Needs Assistant <input type="checkbox"/> ₂ | School psychologist <input type="checkbox"/> ₈ |
| Technical Assistance <input type="checkbox"/> ₃ | National Educational Psychological Service <input type="checkbox"/> ₉ |
| Visiting Teacher <input type="checkbox"/> ₄ | Other (please specify) <input type="checkbox"/> ₁₀ |
| Transport Service <input type="checkbox"/> ₅ | Doesn't receive any supports <input type="checkbox"/> ₁₁ |
| Speech and Language Therapist <input type="checkbox"/> ₆ | |

E22. [Card E22] Please indicate if <child> receives support from any of the following OUTSIDE SCHOOL

[Tick all that apply]

Outside School

- | | |
|---|---|
| Speech and Language Therapist <input type="checkbox"/> ₁ | Psychiatrist <input type="checkbox"/> ₅ |
| Occupational Therapist <input type="checkbox"/> ₂ | Extra tuition/private tuition <input type="checkbox"/> ₆ |
| Physiotherapist <input type="checkbox"/> ₃ | Other (please specify) <input type="checkbox"/> ₇ |
| Psychologist <input type="checkbox"/> ₄ | Doesn't receive any supports <input type="checkbox"/> ₈ |

E23. In general, how adequate are the supports <child> receives for this/these condition(s) or disability(ies)

- Barely adequate ₁
- Adequate ₂
- Excellent ₃
- Doesn't receive any supports ₄

E24. How many books does <child> have access to in the home? Would you say...[INT: READ OUT]

- | | |
|--|---|
| None <input type="checkbox"/> ₁ | 31 to 50 <input type="checkbox"/> ₄ |
| 1 to 10 <input type="checkbox"/> ₂ | 51 to 100 <input type="checkbox"/> ₅ |
| 11 to 30 <input type="checkbox"/> ₃ | More than 100 <input type="checkbox"/> ₆ |

E25a. Do you have a computer at home? Yes ₁ No ₂

E25b. Does <child> have access to the internet? Yes 1 No2

E25c. Do you have an internet filter system (e.g. Net Nanny) which controls <child's> access to the internet?

Yes1 No2

E26. [Card E26] On a normal weekday, during term-time, about how much time does <child> spend using the computer. Please include time before school as well as time after school. DO NOT include time spent using computers in school.

- None 1 3 hours to less than 5 hours 4
- Less than an hour 2 5 hours to less than 7 hours 5
- 1 hour to less than 3 hours 3 7 hours or more 6

E27. [Card E27] On a typical weekday, who, if anyone, minds <child> between the time they finish school and 6pm in the evening? (Tick one only; if more than one indicate the type of care where <child> spends MOST time or is the most frequently used)

- They come home and take care of themselves 1
- Minded at home by an older sibling 2
- Minded at home by you or your spouse/partner 3
- Minded at home by a relative 4
- Minded at home by another adult (not a relative) 5
- Attend an after-school program/club 6
- Hang out with friends 7
- Other (please specify) 8

F: FAMILY CONTEXT

Now some questions about your relationship with <Child>.

F1. [Show Card F1] Looking at Card F1, I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely doe: not apply	Not real	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 himself/herself ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. My child easily becomes angry at me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. It is easy to be in tune with what my child is feeling.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. My child remains angry or is resistant after being disciplined.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Dealing with my child drains my energy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. When my child is in a bad mood, I know we're in for a long and difficult day.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. My child's feelings toward me can be unpredictable or can change suddenly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. My child is sneaky or manipulative with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. My child openly shares his/her feelings and experiences with me. ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

F2. [Card F2] The following are some questions on your knowledge of what <child> does in his/her free time, where he/she goes, and who he/she has as friends.

or never	Almost never often	Not very	Sometimes	Often always or	Almost always	N/A
A. Do you know what <child> does with his/her free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Do you know who he/she has as friends during his/her free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Do you usually know what type of homework he/she has.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Do you know what he/she spends his/her money on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Do you know when he/she has a test or homework due at school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
F. Do you know how he/she does in different subjects at school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
G. Do you know where he/she goes when out at night with friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H. Do you know where he/she goes and what he/she does after school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I. How often in the last month have you had no idea where he/she was.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

F3. [CARD F3] The following are some questions about how much <child> actually tells you about what he/she is doing, without being asked.

or never	Almost never often	Not very	Sometimes	Often always or	Almost always	N/A
A. Does he/she spontaneously tell you about his/her friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Does he/she want to tell you about school (how subjects are going; relationships with teachers etc).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Does he/she hide a lot from you about what he/she is doing during nights and weekends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Does he/she like to tell you what he/she has been doing and where he/she went when out for the evening..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

F4. [Show Card F4] Looking at Card F4, now I'd like to ask you about the time <child> spends with you including times when others are present. How many days per week do you:

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

F5. [Show Card F5] Looking at Card F5, how often does <child> get together with, see or spend time with the following people (excluding those living in your home)

	Quite a lot	Now and again	Rarely	Live Abroad	Doesn't have
A. Grandparents.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Uncles/Aunts.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Cousins.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Other family members/ close family friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

F6. [Show Card F6] Please tell me how strongly you agree or disagree with the following statements.

Strongly Disagree Disagree Neither Agree nor disagree Agree Strongly Agree NA

Because of your work responsibilities:

A. You have missed out on home or family activities that you would have liked to have taken part in ₁ ₂ ₃ ₄ ₅ ₆

B. Your family time is less enjoyable and more pressured ₁ ₂ ₃ ₄ ₅ ₆

Because of your family responsibilities:

C. You have to turn down work activities or opportunities you would prefer to take on ₁ ₂ ₃ ₄ ₅ ₆

D. The time you spend working is less enjoyable and more pressured ₁ ₂ ₃ ₄ ₅ ₆

F7. How fairly or unfairly would you say the household tasks are distributed between you and your partner? Would you say...[INT: READ OUT]

Very unfairly ₁ Quite unfairly ₂ Fairly ₃ Don't have partner. ₄

F8. [Show Card F8] I would now like to ask some questions about <child's> behaviour over the last 12 months. Please tell me the extent to which the following statements apply:

Not at all Once 2-5 times 6 or more times

A. Often started fights or bullies, threatens or intimidates others ₁ ₂ ₃ ₄

B. Has used a weapon that could cause serious physical harm to others (eg, a bat, brick, broken bottle, knife) ₁ ₂ ₃ ₄

C. Has been physically cruel to other people ₁ ₂ ₃ ₄

D. Has been physically cruel to animals ₁ ₂ ₃ ₄

E. Deliberately destroyed or damaged property ₁ ₂ ₃ ₄

F. Has broken into someone else's house, building or car ₁ ₂ ₃ ₄

G. Has lied to obtain goods or favours (i.e., 'cons' others) ₁ ₂ ₃ ₄

H. Has stolen items of value without confronting a victim (e.g., shoplifting, but without breaking and entering) ₁ ₂ ₃ ₄

I. Has stayed out at night despite parental prohibitions ₁ ₂ ₃ ₄

J. Has run away from home overnight at least twice while living in parental home (or once for a lengthy period) ₁ ₂ ₃ ₄

K. Has truanted from school ₁ ₂ ₃ ₄

F9. [Card F9] For the following items could you indicate whether or not the child / children in the family has the item and, if not, if it is because you couldn't afford it or for another reason?

Yes No, Cannot Afford No, other reason

a. Does the child / children have some new (not second hand) clothes? ₁ ₂ ₃

b. Does the child / children have two pairs of properly fitting shoes, including a pair of all-weather shoes? ₁ ₂ ₃

c. Does the child / children eat fresh fruit and/or vegetables at least once a day? ₁ ₂ ₃

d. Does the child / children eat three meals a day? ₁ ₂ ₃

e. Does the child / children eat a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day? ₁ ₂ ₃

f. Does the child / children have books at home suitable for his/her age ₁ ₂ ₃

g. Does the child / children have outdoor leisure equipment (bicycle, roller skates, etc.)? ₁ ₂ ₃

h. Does the child / children have indoor games (board games, computer games etc)? ₁ ₂ ₃

i. Does the child / children participate in a regular leisure activity (swimming, playing an instrument, youth organisations, etc.)? ₁ ₂ ₃

j. Does the child / children have celebrations on special occasions (birthdays, religious events)? ₁ ₂ ₃

k. Does the child / children invite/have friends to your house to play and/or eat from time to time? ₁ ₂ ₃

l. Does the child / children participate in school trips and school events that cost money? ₁ ₂ ₃

m. Does the child / children have a suitable place to study or do homework? ₁ ₂ ₃

n. Does the child / children have outdoor space in the neighbourhood to play safely (including gardens) ₁ ₂ ₃

G: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

G1. Does your accommodation have access to a garden or common space (either private or shared)?

Yes ₁ No..... ₂

G2. [Card G2] 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

G3. [Card G3] Which of these descriptions BEST describes your usual situation in regard to work?

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

- | | |
|---|---|
| <ul style="list-style-type: none"> 0. Currently on maternity leave, but with a job to return to..... <input type="checkbox"/>₀ 1. Employee (incl. apprenticeship or Community Employment)..... <input type="checkbox"/>₁ 2. Self employed outside farming..... <input type="checkbox"/>₂ 3. Farmer..... <input type="checkbox"/>₃ | <ul style="list-style-type: none"> 4. Student full-time <input type="checkbox"/>₄ 5. On State training scheme (FAS, Failte Ireland etc) <input type="checkbox"/>₅ 6. Unemployed, actively looking for a job..... <input type="checkbox"/>₆ 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 ASK G4]

G4. When did you return to work? _____ year

G5. 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

G6. 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]

G7. [Card G7] What is your occupation in your main job?

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

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

Do not use general terms such as:
 MANAGER
 TEACHER
 ENGINEER

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

Write in your main OCCUPATION

G8. Do you supervise or manage any personnel in your job?

Yes ₁ No..... ₂

G9. How many? _____

G10. How many employees (if any) do you have? _____ employees N A ₉₉

G11. [Ask only if Farmer at G3.] How many acres do you farm? _____ acres

Go to G23

G12. Apart from holiday or casual work, have you ever had a full-time job? Yes .. _1 No .. _2 **Go to G19**

G13. In what year did you last work in that full-time job? _____ year

G14. 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

G15. [Card G15] 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

G16a. Did you supervise or manage any personnel in your job?

Yes _1 No..... _2

G16b. How many? _____

G17. How many employees (if any) did you have? _____ employees N A _99

G18. [Ask only if Farmer at G14] How many acres do you farm? _____ acres

G19. Do you currently have a part time job outside the home? Yes _1 No _2 **Go to G22**

G20. On average, how many hours per week do you work in that part-time job? _____ hours

G21. [Card G21] 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

Go to G23

G22. [Card G22] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

- | | |
|--|---|
| A. I can't find a job..... _____ | F. I cannot find suitable childcare..... _____ |
| B. I chose not to work..... _____ | G. There are no suitable jobs available for me ... _____ |
| C. I am caring for an elderly or ill relative or friend .. _____ | H. My family would lose Social Welfare or medical benefits if I was earning _____ |
| D. I prefer be at home to look after my children myself | I. Other reason (specify)..... _____ |
| E. I cannot earn enough to pay for childcare _____ | |

Go to G23

G23. [Card G23] What is the occupation of your spouse / partner? [If not currently employed, please record last occupation]

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

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

Do not use general terms such as:
 MANAGER
 TEACHER
 ENGINEER

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

Write in main OCCUPATION [If a farmer or a farm worker, how many acres do you farm? _____ acres]

HOUSEHOLD INCOME

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

G24. [Card G24] Looking at Card G24, 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]

G25. [Card G24] And of these sources of income which is the largest source of income at present? [Int Tick one box only in Col. B]

	<u>A</u>		<u>B</u>	
	<u>Receive?</u>		<u>Largest</u>	
	Yes		No <u>Source</u>	
A. Wages or Salaries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
B. Income from Self-Employment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
C. Income from Farming	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
D. Children's Allowance/ Child Benefit.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
E. Other Social Welfare Payments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

G26. [Card G26] 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 G27. IF EXACT FIGURE GIVEN GO TO G29]

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

G27. [Card G27] I know that it is difficult to give an exact figure for household income but on Card G27 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI. [Int: Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

<u>HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI</u>			
<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"/> ₁ → Section A, Card G28
€231 to under €350	€1,001 to under €1,500.....	€12,001 to under €18,000....	B <input type="checkbox"/> ₂ → Section B, Card G28
€351 to under €460	€1,501 to under €2,000.....	€18,001 to under €24,000....	C <input type="checkbox"/> ₃ → Section C, Card G28
€461 to under €575	€2,001 to under €2,500.....	€24,001 to under €30,000....	D <input type="checkbox"/> ₄ → Section D, Card G28
€576 to under €800	€2,501 to under €3,500.....	€30,001 to under €42,000....	E <input type="checkbox"/> ₅ → Section E, Card G28
€801 to under €925	€3,501 to under €4,000.....	€42,001 to under €48,000....	F <input type="checkbox"/> ₆ → Section F, Card G28
€926 to under €1,150	€4,001 to under €5,000.....	€48,001 to under €60,000....	G <input type="checkbox"/> ₇ → Section G, Card G28
€1,151 to under €1,500	€5,001 to under €6,500.....	€60,001 to under €78,000....	H <input type="checkbox"/> ₈ → Section H, Card G28
€1,501 to under €1,850	€6,501 to under €8,000.....	€78,001 to under €96,000....	I <input type="checkbox"/> ₉ → Section I, Card G28
€1,851 or more	€8,001 or more.....	€96,001 or more	J <input type="checkbox"/> ₁₀ → Section J, Card G28
Refused.....	<input type="checkbox"/> ₇₇ GO TO G29	Don't Know.....	<input type="checkbox"/> ₈₈ GO TO G29

G28. [Card G28] Would that be [Int: Show Card G28 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

G29. Does anyone in your household currently receive any other Social Welfare payments?

Yes ₁ No ₂

G30. [Card G30] Now I'd like to record information on any Social Welfare payments which are received by ANYONE in the household. Looking at Card G30, 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
Invalidity Pension	<input type="checkbox"/> ₂₅	Injury Benefit	<input type="checkbox"/> ₃₃
Disability Allowance	<input type="checkbox"/> ₂₆	Incapacity Supplement	<input type="checkbox"/> ₃₄

Blind Pension	<input type="checkbox"/> _2	Disablement Benefit	<input type="checkbox"/> _35
Carer's Benefit	<input type="checkbox"/> _2	Medical Care Scheme	<input type="checkbox"/> _36
Domiciliary Care Allowance	<input type="checkbox"/> _2	Constant Attendance Allowance	<input type="checkbox"/> _37
Carer's Allowance	<input type="checkbox"/> _3	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> _38
Half-rate Carer's Allowance	<input type="checkbox"/> _3		
RETIREMENT PAYMENTS			
State Pension (Transition)	<input type="checkbox"/> _3	State Pension Non-Contributory	<input type="checkbox"/> _41
State Pension (Contributory)	<input type="checkbox"/> _4	Pre-Retirement Allowance	<input type="checkbox"/> _42
OTHER PAYMENTS			
Fuel/Smokeless Fuel Allowance	<input type="checkbox"/> _4	Diet/heating supplements	<input type="checkbox"/> _45
Household Benefits Package (electricity/gas/phone)	<input type="checkbox"/> _4		

G31. Does anyone in your household currently receive rent or mortgage supplement? Yes... _1 **No...** _2

G32. How much does the household receive PER WEEK in rent or mortgage supplement? €-----

G33. 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) _2
 (c) Foster Care Allowance..... _3

G34. [Card G34] Looking at Card G34 and thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?

None Less than 5% 5% to less than 20% 20% to less than 50% 50% to less than 75% 75% to less than 100% 100%

_1 _2 _3 _4 _5 _6 _7

G35. [Card G35] 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

G36. [Card G36] A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

With great difficulty With difficulty With some difficulty Fairly easily Easily Very easily

_1 _2 _3 _4 _5 _6

G37. 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

G38a. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes _1 No..... _2

G38b. [Card G38b] 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

G39a. Does your family have a car?

Yes ₁ No..... ₂

G39b. Would your family like to have a car but you cannot afford it?

Yes ₁ No..... ₂

G40. Since our last interview when <child> was 9 years old we have had major changes in the economy with the recession, cutbacks and unemployment. Would you say that the recession has had:

**A very significant effect
on your family**

**A significant effect
on your family**

**A small effect
on your family**

**No effect at all
on your family**

₁ ₂ ₃ ₄

G41. [Card G41] How has it affected your family? [Int: tick all that apply]

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

Section H – About You

Now some more questions about yourself

H1. [Card H1] 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

H2. At what age did you leave full-time education for the first time? _____ years

[INTERVIEWER: Code as '0' if respondent never undertook full-time education. Code 999 if still in full time education]

H3. What is <child's> first language?

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

H4a. What language do you speak most often at home?

English..... ₁ Irish..... ₂ Other ₃

H4b. 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

H5. Can I just check, can you read aloud to a child from a children's story book written in English?

..... Yes _1 No _2

H6. Can you usually read and fill out forms you might have to deal with in English?

..... Yes _1 No _2

H7. 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

H8. Do you belong to any religion?

..... Yes _1 No _2

H9. [Card H9] 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

H10. In general, would you describe yourself as a spiritual person?

Not at all _1 A little..... _2 Quite _3 Very much so..... _4 Extremely..... _5

H11. Are you a citizen of Ireland?

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

H12. What citizenship do you hold? _____

H13. Were you born in Ireland?

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

H14. In which country were you born? _____

H15. 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 _6

**H16. [Card H16] Looking at card H16, 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

APPENDIX O: PRIMARY CAREGIVER SENSITIVE QUESTIONNAIRE



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

Primary Caregiver – SUPPLEMENTARY SECTION, 13-Year Main

AREA HHOLD

Interviewer Name _____ Interviewer Number

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

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

X1. Are you male or female?

Male.....₁ Female₂

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

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 deceased.....₁
- 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 year? [YYYY]

AS3. When did <Person from Wave 1> stop living with you: Since what month? _____ mth

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

Yes₁ → Go to S12 No₂ → Go to S2

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

Yes₁ No₂ → 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? _____ years

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? _____ years _____ 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 Don't Know... ₉₉

S11a. 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

S11b. Are you related to <child> Yes ₁ No ₂ → **Go to S12**

S11c. How are you related to <child> _____

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) **Go to S14**

S14. Since when have you been living apart / spouse deceased? _____ (year) **Go to S15**

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? _____ (mth) _____ (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

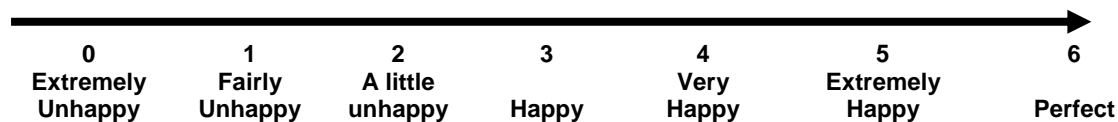
- Shout or yell at each other ₁ ₂ ₃ ₄ ₅
- Throw something at each other ₁ ₂ ₃ ₄ ₅
- Push, hit or slap each other ₁ ₂ ₃ ₄ ₅

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

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

- You discuss or have considered divorce, separation, or terminating your relationship ₁ ₂ ₃ ₄ ₅ ₆
- You think that things between you and your partner are going well ₁ ₂ ₃ ₄ ₅ ₆
- You confide in your mate / partner ₁ ₂ ₃ ₄ ₅ ₆

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 the Study Child right now. Remember, there no right or wrong answers, just try to be as honest as possible

Strongly Disagree Disagree Not Sure Agree Strongly Agree

- A. Caring for my child sometimes takes more time and energy than I have to give. 1 1 3 4 5
- B. I sometimes worry whether I am doing enough for my child. 1 1 3 4 5
- C. The major source of stress in my life is my child. 1 1 3 4 5
- D. Having my child leaves little time and flexibility in my life 1 1 3 4 5
- E. Having my child has been a financial burden 1 1 3 4 5
- F. It is difficult to balance different responsibilities because of my child. 1 1 3 4 5

[ASK S22 ONLY OF FEMALE RESPONDENTS]

S22. Are you currently pregnant? Yes 1 No 2

S23. Which of the following best describes how often you usually drink alcohol?

- 1. Never 1 **Go to S26**
- 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:

S24. 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 S25a ONLY OF FEMALE RESPONDENTS]

S25a. How often do you have 6 or more alcoholic drinks on one occasion?

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

[ASK S25b ONLY OF MALE RESPONDENTS]

S25b. How often do you have 8 or more alcoholic drinks on one occasion?

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

S25c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

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

S25d. 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

S25e. 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

S26. Do you currently smoke daily, occasionally or not at all?

Daily ₁ Occasionally ₂ Not at all ₃

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

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

S28. Including yourself, how many members of the household smoke? ____ N

S29. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Regularly..... ₁ Occasionally..... ₂ Not at all ₃

S30a. Since the time of the last interview when <child> was 9 years of age, have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?

Yes..... ₁ No..... ₂

S30b. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?

Yes..... ₁ No..... ₂

S31. 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

S32. 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 S34

S33. Have you ever been to prison? Yes ₁ No ₂

S34. To the best of your knowledge, has <child> ever tried?

	Yes, and I know about it	Probably	Possibly	I don't think so
a. Alcohol.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Cigarettes.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Cannabis/Marijuana.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

S35. Have you spoken to your child personally about the following sexual health issues?

- | | Yes | No |
|--|----------------------------|----------------------------|
| 1. Sex and sexual intercourse..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 2. Sexual feelings, relationships and emotions..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 3. Contraception..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 4. Safer sex/sexually transmitted infections/ venereal diseases..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 5. Sexual orientation (eg. Homosexuality, heterosexuality etc) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

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

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
 More than once a week..... 2 Less than once a month..... 6
 Once a week..... 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 from time to time..... 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 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 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 to interviewer

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

APPENDIX P: PRIMARY CAREGIVER TWIN QUESTIONNAIRE

GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

PRIMARY CAREGIVER QUESTIONNAIRE – 13-year

TWIN SUPPLEMENT

AREA
 HOUSEHOLD

Interviewer Name _____ Interviewer Number

Date _____
 Day month year

Child's Name: _____ [1st Name Only]

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

Height: _____ cms

Weight: _____ kgs

Now I would like to ask you a few questions regarding the Child's health.

A. CHILD'S HEALTH

A1. [Card A1] In general, how would you describe <child's> health in the past year?

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

A2. Does <child> have any on-going chronic physical or mental health problem, illness or disability?

Yes..... ₁ No ₂

A3. What is the nature of this problem, illness or disability? Please describe as fully as possible.
 [Int: Please record diagnosis, not symptoms of the problem]

A4. Has this problem, illness or disability been diagnosed by a medical professional?

Yes ₁ No ₂

A5. Since when has <child> had this problem, illness or disability? _____(mth) _____(year)

A6. Is <child> hampered in his/her daily activities by this problem, illness or disability?

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

A7. 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

A8. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? _____ N

A9. Has <child> been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) over the last 12 months?

..... Yes _1 No _2

A10a. Has <child> received a course of antibiotics in the past 12 months?

..... Yes _1 No _2

A10b. In total, how many courses of antibiotics has <child> received in the past 12 months?

_____ N

A11. Most children have accidents at some time. In the last 12 months has <child> had an accident or injury that required hospital treatment or admission?

Yes _1 No _2

A12. How many separate accidents has <child> ever had that required hospital treatment or admission? _____ accidents

A13. How many of these accidents involved bone fractures or breaks? _____

A14. About how many nights has <child> spent in hospital over his/her lifetime? (Exclude at time of birth)

[INTERVIEWER: IF NONE, ENTER '0' – DO NOT LEAVE BLANK] _____ nights

A15. In the last 12 months how many visits has <child> made to the A&E (Accident and Emergency) department of a hospital? [INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] _____ visits

A16. [Card A16] In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the <child's> physical, emotional or mental health? [Int. if 'none' write '0' do not leave blank]

N times Don't know Refused

- | | | | | | |
|---|-------|-------|-----------------------------|-------|-----------------------------|
| A. A general practitioner (GP) | _____ | | <input type="checkbox"/> _3 | | <input type="checkbox"/> _4 |
| B. A practice nurse | _____ | | <input type="checkbox"/> _3 | | <input type="checkbox"/> _4 |
| C. Another medical doctor e.g. in a hospital | _____ | | <input type="checkbox"/> _3 | | <input type="checkbox"/> _4 |
| D. Other professional, psychologist, psychiatrist, counsellor etc | _____ | | <input type="checkbox"/> _3 | | <input type="checkbox"/> _4 |
| E. A social worker | _____ | | <input type="checkbox"/> _3 | | <input type="checkbox"/> _4 |

A17. Was there any time during the past 12 months when <child> really needed to consult a GP or specialist but did not?

Yes, there was at least one occasion _1 No, there was no such occasion _2

A18. [Card A18] What was the main reason for not consulting a GP or specialist?

- | | | |
|--|-------|-----------------------------|
| a) You couldn't afford to pay | | <input type="checkbox"/> _1 |
| b) The necessary medical care wasn't available or accessible to you | | <input type="checkbox"/> _2 |
| c) You could not take time off work to visit the doctor with <child> | | <input type="checkbox"/> _3 |
| d) You wanted to wait and see if the problem got better | | <input type="checkbox"/> _4 |
| e) Child refused / fear of doctor..... | | <input type="checkbox"/> _5 |
| f) Child is still on the waiting list | | <input type="checkbox"/> _6 |
| g) Too far to travel/no means of transport..... | | <input type="checkbox"/> _7 |
| h) Other (specify) | | <input type="checkbox"/> _8 |

A19. [Card A19] Which of the following best describes how regularly <child> visits the dentist?

B. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the Child's emotional health and well-being.

B1. [Card B1] Looking at Card B1, has <child> experienced any of the following since we last interviewed you when he/ she was nine:

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

- A. Death of a parent 1
- B. Death of a close family member (other than a parent) please specify 2 _____
- C. Death of close friend..... 3
- D. Divorce/separation of parents..... 4
- E. Moving house within Ireland 5
- F. Moving country 6
- G. Stay in foster home/ residential care 7
- H. Serious illness/injury 8
- I. Serious illness/injury of a family member..... 9
- J. Drug taking/alcoholism in the immediate family 10
- K. Mental disorder in immediate family 11
- L. Your house being broken into 12
- M. Conflict between parents..... 13
- N. Parent in prison 14
- O. Other disturbing event (please specify) 15 _____
- P. None of the above 16

B2. [Card B2] Listed on Card B2, is a set of statements which could be used to describe <child's> behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of <child's> behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

- | | Not
True | Somewhat
True | Certainly
True |
|---|-------------|------------------|-------------------|
| A. Considerate of other people's feelings <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| B. Restless, overactive, cannot stay still for long <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| C. Often complains of headaches, stomach aches or sickness <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| D. Shares readily with other children (treats, toys, pencils etc.) <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| E. Often has temper tantrums or hot tempers..... <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| F. Rather solitary, tends to play alone <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| G. Generally obedient, usually does what adults request..... <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| H. Many worries, often seems worried..... <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| I. Helpful if someone is hurt, upset or feeling ill <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| J. Constantly fidgeting or squirming <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| K. Has at least one good friend..... <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| L. Often fights with other children or bullies them <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| M. Often unhappy, down-hearted or tearful <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| N. Generally liked by other children <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| O. Easily distracted, concentration wanders..... <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| P. Nervous or clingy in new situations, easily loses confidence <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| Q. Kind to younger children..... <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| R. Often lies or cheats..... <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| S. Picked on or bullied by other children..... <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| T. Often volunteers to help others (parents, teachers, other children) <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| U. Thinks things out before acting..... <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| V. Steals from home, school or elsewhere <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| W. Gets on better with adults than with other children <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| X. Many fears, easily scared <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |
| Y. Sees tasks through to the end, good attention span <input type="checkbox"/> 1..... <input type="checkbox"/> 2..... <input type="checkbox"/> 3 | | | |

B3. [Card B3] Listed on card B3 are a number of personality traits that may or may not apply to your child. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to him/her, even if one characteristic applies more strongly than the other.

I see my child as:

	Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
Extroverted, enthusiastic.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Critical, quarrelsome	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Dependable, self-disciplined	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Anxious, easily upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Open to new experiences, complex	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Reserved, quiet.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Sympathetic, warm.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Disorganized, careless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Calm, emotionally stable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Conventional, uncreative.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

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

C. CHILD'S EDUCATION – PAST AND CURRENT

C1a. What class did / will <child> start in September 2011?

5th Class 1 Go to C1b

6th Class 2 Go to C1b

First Year..... 3 Go to C1b

Second Year..... 4 Go to C1b

Child is being home schooled. 5 Go to C7

Child attends a special school..... 6 Go to C1b

Child no longer attends school..... 7 Go to C10

C1b. What school does <child> attend / will attend from September 2011?

Name of school: _____

Full address of school: _____

C1c. In what year did <child> start primary school? September 20__

C1d. [Card C1d] How would you describe <child's> current base class – the one they will be in from September 2011? (Tick one box)

Special class 1

Class which is mixed ability / randomly allocated 2

Higher stream class in streamed school 3

Middle stream class in streamed school 4

Lower stream class in streamed school..... 5

Not sure / don't know 6

[ONLY ASK IF CHILD IS IN 2nd YEAR AT C1a, THEN GO TO C5]

C2. [Card C2] Here are some views about how your child settled into their new school. There are no right or wrong answers. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My child settled well into secondary school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child missed old friends from primary school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child was anxious about making new friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child coped well with the school work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child made new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is involved in extra-curricular activities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child gets too much homework at this school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[ONLY ASK IF CHILD IS IN 1st YEAR AT C1a, THEN GO TO C4b]

C3. [Card C3] Here are some views about how your child is settling into their new school. There are no right or wrong answers. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My child is settling in well into secondary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child misses old friends from primary school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is anxious about making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is coping well with the school work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child has made new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is involved in extra-curricular activities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child gets too much homework at this school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[ONLY ASK IF CHILD IS IN 5th / 6th CLASS AT C1a, THEN GO TO C5]

C4a. [Card C4a] If your child is still in fifth / sixth class for each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My child is excited about starting secondary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is looking forward to making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is nervous about moving to a new school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C4b. Has <child> attended an Open Day at his/her new school Yes 1 No 2

C5. [Card C5] Over the last 12 months, have you had any contact with the school? (Please include contact you have had with the child's current school or any other school the child attended in the last 12 months) [Please tick 'Yes' or 'No' to each.]

	Yes	No
A. You have attended a parent-teacher meeting	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. You have attended a school concert, play or other event (such as sports day).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. You have <u>been to see</u> the principal or another teacher about child's behaviour or school performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. You have spoken to the principal or another teacher <u>on the phone</u> about child's behaviour or school performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2

C6a. [Card C6a] Looking at Card C6a, during the last 12 months, about how many days was <child> absent from school for any reason? (Only include days the child was absent when the school was open e.g. do not include days missed because of the school being closed due to bad weather).

0 days.....	<input type="checkbox"/> 1	11 to 20 days.....	<input type="checkbox"/> 5
1 - 3 days.....	<input type="checkbox"/> 2	More than 20 days.....	<input type="checkbox"/> 6
4 to 6 days.....	<input type="checkbox"/> 3	Not in school last year.....	<input type="checkbox"/> 7
7 to 10 days.....	<input type="checkbox"/> 4		

C6b. [Card C6b] Looking at Card C6b, what was the main reason for <child> being absent from school?

Health reasons (illness or injuries)	<input type="checkbox"/> 1	A problem with a teacher	<input type="checkbox"/> 8
Problems with transportation.....	<input type="checkbox"/> 2	A problem with children at school	<input type="checkbox"/> 9
Problems with the weather	<input type="checkbox"/> 3	Difficulties with childcare arrangements	<input type="checkbox"/> 10
A family vacation	<input type="checkbox"/> 4	Family crisis	<input type="checkbox"/> 11
Refused to go to school	<input type="checkbox"/> 5	Child has left school.....	<input type="checkbox"/> 12
A fear of school (school phobia).....	<input type="checkbox"/> 6	Other (specify)	<input type="checkbox"/> 13
Suspended from school	<input type="checkbox"/> 7		

C7. [Card C7] Looking at Card C7, how much time does <child> usually spend doing homework on a weekday during term time?

0 to 30 minutes.....	<input type="checkbox"/> 1	2 to less than 3 hours	<input type="checkbox"/> 5
31 minutes to less than one hour.....	<input type="checkbox"/> 2	3 to less than 4 hours	<input type="checkbox"/> 6
1 to less than 1.5 hours.....	<input type="checkbox"/> 3	4 hours or more	<input type="checkbox"/> 7
1.5 to less than 2 hours.....	<input type="checkbox"/> 4	Doesn't get homework.....	<input type="checkbox"/> 8 Go to C9

C8a. How often do you or your spouse/partner provide help with <child>'s homework? Would you say...[INT: READ OUT]

Always/ Nearly Always	Regularly	Now and Again	Rarely	Never	Never gets homework
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

C8b. Why is that?

Child doesn't need help	I / We don't have time	I / We are not able to help	Child doesn't want help	Someone else helps
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C9. [Card C9] Looking at Card C9, taking everything into account, how far do you expect <child> will go in his/her education or training?

Junior Certificate or equivalent.....	<input type="checkbox"/> 1
Leaving Certificate or equivalent.....	<input type="checkbox"/> 2
An apprenticeship or trade.....	<input type="checkbox"/> 3
Diploma/Certificate.....	<input type="checkbox"/> 4
Degree.....	<input type="checkbox"/> 5
Postgraduate/higher degree.....	<input type="checkbox"/> 6
Don't know.....	<input type="checkbox"/> 7

C10. About how many close friends does <child> have?

None.....	<input type="checkbox"/> 1	1	<input type="checkbox"/> 2	2 or 3.....	<input type="checkbox"/> 3	4 or 5.....	<input type="checkbox"/> 4	6 or more	<input type="checkbox"/> 5
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C11. To your knowledge, has <child> been a victim of bullying in the last 3 months?

Yes	<input checked="" type="checkbox"/> 1	No	<input type="checkbox"/> 2
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C12. [Card C12] Looking at Card C12, what form did the bullying take? [Int. tick all that apply]

A. Physical bullying	<input type="checkbox"/> 1	F. Sexual comments	<input type="checkbox"/> 6
B. Verbal bullying (name calling, hurtful slagging).....	<input type="checkbox"/> 2	G. Exclusion (being left out).....	<input type="checkbox"/> 7
C. Electronic (phone messaging, emails, Facebook, etc)....	<input type="checkbox"/> 3	H. Gossip, spreading rumours.....	<input type="checkbox"/> 8
D. Graffiti/pinning up notes/passing notes in class	<input type="checkbox"/> 4	I. Threatened or forced to do things s/he didn't want to.....	<input type="checkbox"/> 9
E. Taking /damaging personal possessions	<input type="checkbox"/> 5	J. Other (specify).....	<input type="checkbox"/> 10

C13. [Card C13] How often did the bullying take place?

A. Once or twice	<input type="checkbox"/> 1
B. 2 or 3 times a month	<input type="checkbox"/> 2
C. About once a week.....	<input type="checkbox"/> 3
D. Several times a week	<input type="checkbox"/> 4

C14. Did this upset your child?

A. A lot.....	<input type="checkbox"/> 1
B. A little	<input type="checkbox"/> 2
C. Not at all.....	<input type="checkbox"/> 3

C15. [Card C15] Does <child> have any of the following conditions or disabilities? [Tick all that apply]

a. Physical disability or visual or hearing impairment	<input type="checkbox"/> 1
b. Specific learning disability (e.g. Dyslexia, Dyscalculia, Dyspraxia).....	<input type="checkbox"/> 2
c. General learning disabilities (Mild, Moderate, Severe/Profound)	<input type="checkbox"/> 3
d. Autism Spectrum Disorders (e.g. Autism, Aspergers syndrome)	<input type="checkbox"/> 4
e. Emotional or behavioural disorders (e.g. ADHD (Attention Deficit Hyperactivity Disorder)/ ADD).....	<input type="checkbox"/> 5
f. Mental health difficulty	<input type="checkbox"/> 6
g. Speech or language difficulty (including speech impediment)	<input type="checkbox"/> 7
h. Assessed Syndrome (e.g. Down Syndrome, Tourettes Syndrome)	<input type="checkbox"/> 8
i. Slow progress (reasons unclear)	<input type="checkbox"/> 9
j. Other (please specify)	<input type="checkbox"/> 10
k. None of the above	<input type="checkbox"/> 11

→ Go to C24

C16. Has this condition or disability been diagnosed by a medical professional?

Yes ₁ No ₂ Awaiting Consultation ₃

C17. What age was <child> when this condition or disability was first diagnosed? _____ years

[INT: If condition or disability was diagnosed at time of birth, code as '0']

Ask C18 only of respondents who ticked yes at C15e

C18. Has <child> been prescribed any medication for this condition (e.g. Ritalin, Abilify etc...)?

Yes ₁ No ₂

Ask C19 only of respondents who ticked yes at C15f

C19. Has <child> been prescribed any medication for this condition?

Yes ₁ No ₂

Ask C20 only of respondents who ticked yes at C15G

C20. [Card C20] 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 combinations ₉
- J. Other (please specify) ₁₀
- K. Don't know ₉₉

C21. [Card C21] Please indicate if <child> receives support from any of the following IN SCHOOL

[Tick all that apply]

In School

- | | |
|---|--|
| Resource Teaching/ Learning Support <input type="checkbox"/> ₁ | Behavioural Management Programme <input type="checkbox"/> ₇ |
| Special Needs Assistant <input type="checkbox"/> ₂ | School psychologist <input type="checkbox"/> ₈ |
| Technical Assistance <input type="checkbox"/> ₃ | National Educational Psychological Service <input type="checkbox"/> ₉ |
| Visiting Teacher <input type="checkbox"/> ₄ | Other (please specify) <input type="checkbox"/> ₁₀ |
| Transport Service <input type="checkbox"/> ₅ | Doesn't receive any supports <input type="checkbox"/> ₁₁ |
| Speech and Language Therapist <input type="checkbox"/> ₆ | |

C22. [Card C22] Please indicate if <child> receives support from any of the following OUTSIDE SCHOOL

[Tick all that apply]

Outside School

- | | |
|---|---|
| Speech and Language Therapist <input type="checkbox"/> ₁ | Psychiatrist <input type="checkbox"/> ₅ |
| Occupational Therapist <input type="checkbox"/> ₂ | Extra tuition/private tuition <input type="checkbox"/> ₆ |
| Physiotherapist <input type="checkbox"/> ₃ | Other (please specify) <input type="checkbox"/> ₇ |
| Psychologist <input type="checkbox"/> ₄ | Doesn't receive any supports <input type="checkbox"/> ₈ |

C23. In general, how adequate are the supports <child> receives for this/these condition(s) or disability(ies)?

- Barely adequate ₁
- Adequate ₂
- Excellent ₃
- Doesn't receive any supports ₄

C24. How many books does <child> have access to in the home? Would you say...[INT: READ OUT]

- | | |
|--|---|
| None <input type="checkbox"/> ₁ | 31 to 50 <input type="checkbox"/> ₄ |
| 1 to 10 <input type="checkbox"/> ₂ | 51 to 100 <input type="checkbox"/> ₅ |
| 11 to 30 <input type="checkbox"/> ₃ | More than 100 <input type="checkbox"/> ₆ |

C25. [Card C25] On a normal weekday, during term-time, about how much time does <child> spend using the computer. Please include time before school as well as time after school. DO NOT include time spent using computers in school.

None.....	<input type="checkbox"/> 1	3 hours to less than 5 hours.....	<input type="checkbox"/> 4
Less than an hour.....	<input type="checkbox"/> 2	5 hours to less than 7 hours.....	<input type="checkbox"/> 5
1 hour to less than 3 hours.....	<input type="checkbox"/> 3	7 hours or more.....	<input type="checkbox"/> 6

C26. [Card C26] On a typical weekday, who, if anyone, minds <child> between the time they finish school and 6pm in the evening? (Tick one only; if more than one indicate the type of care where <child> spends MOST time or is the most frequently used)

They come home and take care of themselves.....	<input type="checkbox"/> 1
Minded at home by an older sibling.....	<input type="checkbox"/> 2
Minded at home by you or your spouse/partner.....	<input type="checkbox"/> 3
Minded at home by a relative.....	<input type="checkbox"/> 4
Minded at home by another adult (not a relative).....	<input type="checkbox"/> 5
Attend an after-school program/club.....	<input type="checkbox"/> 6
Hang out with friends.....	<input type="checkbox"/> 7
Other (please specify).....	<input type="checkbox"/> 8

D: FAMILY CONTEXT

Now some questions about your relationship with <Child>.

D1. [Show Card D1] Looking at Card D1, I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	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 himself/herself.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. My child easily becomes angry at me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. It is easy to be in tune with what my child is feeling.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. My child remains angry or is resistant after being disciplined.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Dealing with my child drains my energy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. When my child is in a bad mood, I know we're in for a long and difficult day.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. My child's feelings toward me can be unpredictable or can change suddenly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. My child is sneaky or manipulative with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. My child openly shares his/her feelings and experiences with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

D2. [Card D2] The following are some questions on your knowledge of what <child> does in his/her free time, where he/she goes, and who he/she has as friends.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
A. Do you know what <child> does with his/her free time.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Do you know who he/she has as friends during his/her free time.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Do you usually know what type of homework he/she has.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Do you know what he/she spends his/her money on.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Do you know when he/she has a test or homework due at school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
F. Do you know how he/she does in different subjects at school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
G. Do you know where he/she goes when out at night with friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H. Do you know where he/she goes and what he/she does after school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I. How often in the last month have you had no idea where he/she was.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

D3. [CARD D3] The following are some questions about how much <child> actually tells you about what he/she is doing, without being asked.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
A. Does he/she spontaneously tell you about his/her friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Does he/she want to tell you about school (how subjects are going; relationships with teachers etc).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Does he/she hide a lot from you about what he/she is doing during nights and weekends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Does he/she like to tell you what he/she has been doing and where he/she went when out for the evening.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

D4. [Show Card D4] Looking at Card D4, now I'd like to ask you about the time <child> spends with you including times when others are present. How many days per week do you:

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

D5. [Show Card D5] Looking at Card D5, how often does <child> get together with, see or spend time with the following people (excluding those living in your home)

	Quite a lot	Now and again	Rarely	Live Abroad	Doesn't have
A. Grandparents.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Uncles/Aunts.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Cousins.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Other family members/ close family friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

D6. [Show Card D6] I would now like to ask some questions about <child's> behaviour over the last 12 months. Please tell me the extent to which the following statements apply:

	Not at all	Once	2-5 times	6 or more times
A. Often started fights or bullies, threatens or intimidates others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Has used a weapon that could cause serious physical harm to others (eg, a bat, brick, broken bottle, knife).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Has been physically cruel to other people.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D. Has been physically cruel to animals.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
E. Deliberately destroyed or damaged property.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
F. Has broken into someone else's house, building or car.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
G. Has lied to obtain goods or favours (i.e., 'cons' others).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
H. Has stolen items of value without confronting a victim (e.g., shoplifting, but without breaking and entering).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I. Has stayed out at night despite parental prohibitions.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
J. Has run away from home overnight at least twice while living in parental home (or once for a lengthy period).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
K. Has truanted from school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

APPENDIX Q: SECONDARY CAREGIVER QUESTIONNAIRE

GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
SECONDARY CAREGIVER QUESTIONNAIRE – 13-Year Main

AREA

HOUSEHOLD

Interviewer Name _____ Interviewer Number

Date ____ / ____ / ____
 day month year

Almost four years have passed since you and your family were interviewed as part of *Growing Up in Ireland*. At that time we explained that we would like to make a return visit to your home for a follow-up interview to see how your child has changed and grown since our last visit. We are now seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 1½ - 2 hours to complete [INTERVIEWER: Adjust as appropriate for you in the field]. 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 Department of Children and Youth Affairs, 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 - Introduction

[A1 – BLAISE INSTRUCTION – ASK A1 IF NEW PARTNER AT TIME 2 OR SECONDARY CAREGIVER WAS NON RESPONDENT AT TIME 1]

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

B6. Thinking about your free-time, in general would you say you are...

- Very physically active_1
- Fairly physically active_2
- Not very physically active_3
- Not at all physically active_4

C: FAMILY CONTEXT

Now I'd like to ask you some general questions about your family as a whole.

C1. [Card C1] I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	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 himself/herself	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
H. My child easily becomes angry at me.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
I. It is easy to be in tune with what my child is feeling.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
J. My child remains angry or is resistant after being disciplined.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
K. Dealing with my child drains my energy.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
L. When my child is in a bad mood, I know we're in for a long and difficult day	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
M. My child's feelings toward me can be unpredictable or can change suddenly	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
N. My child is sneaky or manipulative with me.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
O. My child openly shares his/her feelings and experiences with me.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

C2. [Card C2] The following are some questions on your knowledge of what <child> does in his/her free time, where he/she goes, and who he/she has as friends.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
A. Do you know what <Study Child> does with his/her free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Do you know who he/she has as friends during his/her free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Do you usually know what type of homework he/she has.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Do you know what he/she spends his/her money on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Do you know when he/she has a test or homework due at school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
F. Do you know how he/she does in different subjects at school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
G. Do you know where he/she goes when out at night with friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H. Do you know where he/she goes and what he/she does after school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I. How often in the last month have you had no idea where he/she was.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

C3. [CARD C3] The following are some questions about how much <child> actually tells you about what he/she is doing, without being asked.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
A. Does he/she spontaneously tell you about his/her friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Does he/she want to tell you about school (how subjects are going; relationships with teachers etc).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Does he/she hide a lot from you about what he/she is doing during nights and weekends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Does he/she like to tell you what he/she has been doing and where he/she went when out for the evening	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

C4. [CARD C4] Please tell me how strongly you agree or disagree with the following.

	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 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

C5. How fairly or unfairly would you say the household tasks are distributed between you and your partner? Would you say...[INT: READ OUT]

Very unfairly 1 Quite unfairly 2 Fairly 3 Don't have partner. 4

C6. [Show Card C6] I'd like to ask you about the time <child> spends with you including times when others are present. How many days per week do you:

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

C7a. Thinking of an AVERAGE SCHOOL DAY, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc)

_____ hours _____ minutes

C7b. And thinking of an AVERAGE WEEKEND, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc)

_____ hours _____ minutes

D: SOCIO-DEMOGRAPHICS

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]

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

[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:]

D2. 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 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]

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.] What is the acreage of the farm? _____ acres

Go to E1

D10. Apart from holiday or casual work, have you ever had a full-time job? Yes ... _1 No... _2 **Go to D17**

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

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

Employee (incl. apprenticeship or Community Employment)..... _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

D14a. Did you supervise or manage any personnel in your job?

Yes _1 No..... _2

D14b. How many? _____

D15. How many employees (if any) did you have? _____ employees N A _99

D16. [Ask only if Farmer at D12] What was the acreage of the farm? _____ acres

Go to E1

D17. Do you currently have a part time job outside the home? Yes _1 No _2 **Go to D20**

D18. On average, how many hours per week do you work in that part-time job? _____ hours

D19. [Card D19] 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

D20. [Card D20] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

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

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. Code 999 if still in full time education]

E3a. What language do you speak most often at home?

- English..... 1 Irish..... 2 Other 3

E3b. 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

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 No

E8. [Card E8] Which religion?

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

E9. In general, would you describe yourself as a spiritual person?

Not at all A little Quite Very much so Extremely

E10. Are you a citizen of Ireland?

Yes No

E11. What citizenship do you hold? _____

E12. Were you born in Ireland?

Yes No

E13. In which country were you born? _____

E14. How long ago did you first come to live in Ireland?

Within the last year	1-5 years ago	6-10 years ago	11-20 years ago	More than 20 years ago	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E15. [Card E15] What is your ethnic or cultural background?

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

1. White

- Irish
- Irish Traveller
- Any other White background

2. Black or Black Irish

- African.....
- Any other Black background

3. Asian or Asian Irish

- Chinese
- Any other Asian background

4. Other, including mixed background

APPENDIX R: SECONDARY CAREGIVER SENSITIVE QUESTIONNAIRE



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

Secondary Caregiver – SUPPLEMENTARY SECTION, 13-Year Main

AREA HHOLD

Interviewer Name _____ Interviewer Number

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

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

X1. Are you male or female?

Male.....₁ Female₂

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

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

Yes₁ → Go to S12 No₂ → Go to S2

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

Yes₁ No₂ → 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? _____ years

NOW PLEASE GO TO S12

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

Yes₁ No₂ → Go to S12

S8. How long has <child> been with your family? _____ years _____ 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 Don't Know...₉₉

S11a. 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

S11b. Are you related to <child> Yes₁ No₂ → Go to S12

S11c. How are you related to <child> _____

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) **Go to S14**

S14. Since when have you been living apart / spouse deceased? _____(year) **Go to S15**

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? _____ (mth) _____(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/ Not very Sometimes Often Almost always/
Never often

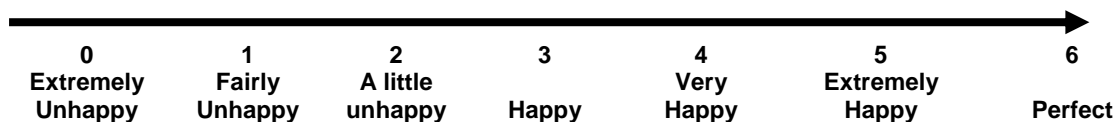
- Shout or yell at each other ₁ ₂ ₃ ₄ ₅
- Throw something at each other..... ₁ ₂ ₃ ₄ ₅
- Push, hit or slap each other ₁ ₂ ₃ ₄ ₅

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

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

- You discuss or have considered divorce, separation, or terminating your relationship..... ₁ ₂ ₃ ₄ ₅ ₆
- You think that things between you and your partner are going well..... ₁ ₂ ₃ ₄ ₅ ₆
- You confide in your mate / partner ₁ ₂ ₃ ₄ ₅ ₆

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 the Study Child right now. Remember, there no right or wrong answers, just try to be as honest as possible

Strongly Disagree Disagree Not Sure Agree Strongly Agree

- A. Caring for my child sometimes takes more time and energy than I have to give..... ₁ ₂ ₃ ₄ ₅
- B. I sometimes worry whether I am doing enough for my child. ₁ ₂ ₃ ₄ ₅
- C. The major source of stress in my life is my child..... ₁ ₂ ₃ ₄ ₅
- D. Having my child leaves little time and flexibility in my life ₁ ₂ ₃ ₄ ₅
- E. Having my child has been a financial burden ₁ ₂ ₃ ₄ ₅
- F. It is difficult to balance different responsibilities because of my child..... ₁ ₂ ₃ ₄ ₅

[ASK S22 ONLY OF FEMALE RESPONDENTS]

S22. Are you currently pregnant? Yes₁ No₂

S23. Which of the following best describes how often you usually drink alcohol?

- 1. Never ₁ **Go to S26**
- 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:

S24. 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 S25a ONLY OF FEMALE RESPONDENTS]

S25a. How often do you have 6 or more alcoholic drinks on one occasion?

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

[ASK S25b ONLY OF MALE RESPONDENTS]

S25b. How often do you have 8 or more alcoholic drinks on one occasion?

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

S25c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

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

S25d. 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

S25e. 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

S26. Do you currently smoke daily, occasionally or not at all?

Daily ₁ Occasionally ₂ Not at all ₃

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

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

S28. Including yourself, how many members of the household smoke? ____N

S29. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Regularly.....₁ Occasionally.....₂ Not at all.....₃

S30a. Since the time of the last interview when <child> was 9 years of age, have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?

Yes.....₁ No.....₂

S30b. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?

Yes.....₁ No.....₂

S31. 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

S32. 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 S34

S33. Have you ever been to prison? Yes.....₁ No.....₂

S34. To the best of your knowledge, has <child> ever tried?

	Yes, and I know about it	Probably	Possibly	I don't think so
a. Alcohol.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Cigarettes.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Cannabis/Marijuana.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

S35. Have you spoken to your child personally about the following sexual health issues?

	Yes	No
1. Sex and sexual intercourse.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. Sexual feelings, relationships and emotions.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3. Contraception.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4. Safer sex/sexually transmitted infections/ venereal diseases.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5. Sexual orientation (eg. Homosexuality, heterosexuality etc).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

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

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
- More than once a week..... ₂ Less than once a month..... ₆
- Once a week 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 from time to time 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 to interviewer

APPENDIX S: SECONDARY CAREGIVER TWIN QUESTIONNAIRE



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
SECONDARY CAREGIVER QUESTIONNAIRE – 13-Year Main

TWIN SUPPLEMENT

AREA

HOUSEHOLD

Interviewer Name _____ Interviewer Number

Date _____
day month year

A: FAMILY CONTEXT

Now I'd like to ask you some general questions about your family as a whole.

A1. [Card A1] I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	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 himself/herself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. My child easily becomes angry at me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. It is easy to be in tune with what my child is feeling.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. My child remains angry or is resistant after being disciplined.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Dealing with my child drains my energy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. When my child is in a bad mood, I know we're in for a long and difficult day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. My child's feelings toward me can be unpredictable or can change suddenly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. My child is sneaky or manipulative with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. My child openly shares his/her feelings and experiences with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

A2. [Card A2] The following are some questions on your knowledge of what <child> does in his/her free time, where he/she goes, and who he/she has as friends.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
A. Do you know what <Study Child> does with his/her free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Do you know who he/she has as friends during his/her free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Do you usually know what type of homework he/she has.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Do you know what he/she spends his/her money on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Do you know when he/she has a test or homework due at school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
F. Do you know how he/she does in different subjects at school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
G. Do you know where he/she goes when out at night with friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H. Do you know where he/she goes and what he/she does after school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I. How often in the last month have you had no idea where he/she was.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

A3. [CARD A3] The following are some questions about how much <child> actually tells you about what he/she is doing, without being asked.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
A. Does he/she spontaneously tell you about his/her friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Does he/she want to tell you about school (how subjects are going; relationships with teachers etc).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Does he/she hide a lot from you about what he/she is doing during nights and weekends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Does he/she like to tell you what he/she has been doing and where he/she went when out for the evening	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

A4. [Show Card A4] I'd like to ask you about the time <child> spends with you including times when others are present. How many days per week do you:

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

A5a. Thinking of an average school day, what amount of time in total would you say you spend with the Study Child either alone or with others (this could be watching TV, going shopping etc)

_____ hours _____ minutes

A5b. And thinking of an average weekend, what amount of time in total would you say you spend with the Study Child either alone or with others (this could be watching TV, going shopping etc)

_____ hours _____ minutes

APPENDIX T: PRINCIPAL'S QUESTIONNAIRE



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



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

University of Dublin
Trinity College



TRINITY COLLEGE DUBLIN

Growing Up in Ireland – the national longitudinal study of children STRICTLY CONFIDENTIAL

PRINCIPAL'S QUESTIONNAIRE

School ID

Date _____ day _____ mth Int Name _____ Int. No.

Growing Up in Ireland is a major new government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child's development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

The Department of Health & Children is funding the study through the Department of Children and Youth Affairs (DCYA) 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 & Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.

The children who are participating in the Study were randomly selected through their primary school when they were in 3rd or 4th class. We are now carrying out a follow-up interview with them to see how they have developed by the age of 13 years, when they are mostly in 1st or 2nd year in second level.

All information provided in the course of the Study will be treated in the strictest confidence and would not be passed on to anyone or any body outside the Growing Up in Ireland Study Team, unless we record information which leads us to be concerned about the health or safety of the child or other vulnerable person, as outlined in Children First guidelines for the protection and welfare of children.

A. INFORMATION ON PRINCIPAL

1. Are you male or female? Male ₁ Female ₂

2. To which age group do you belong?

20 - 29 yrs.. ₁ 30 - 39 yrs. ₂ 40 - 49 yrs ₃ 50 - 59 yrs ₄ 60 yrs or older ₅

3. For how many years have you been Principal:

(a) in this school?..... _____ years (b) in other Second Level Schools? _____ years

B. SCHOOL CHARACTERISTICS

4. How many boys and how many girls are enrolled in the school?

Boys _____ Girls _____ Total Pupils _____

5. How would you describe the religious ethos of your school?

- Catholic ₁
- Church of Ireland ₂
- Presbyterian ₃
- Methodist..... ₄
- Muslim ₅
- Jewish ₆
- Multi-denominational ₇
- Interdenominational..... ₈
- Other (please specify) _____ ₉

6. What type of school is it?

- Fee-paying secondary ₁
- Non-fee paying secondary ₂
- Vocational school ₃
- Community college ₄
- Community school ₅
- Comprehensive school ₆
- Mainstream primary school ₇
- Special school ₈

7. Does your school take part in the DEIS Support Programme?

- Yes, DEIS post-primary ₁
- Yes, urban band 1 primary ₂
- Yes, urban band 2 primary ₃
- Yes, rural DEIS primary ₄
- No ₅

8. How many *full-time* and *part-time* teachers work in this school? Please indicate how many are male and how many are female.

<i>Teachers</i>	<i>Full-time</i>	<i>Part-time</i>
Male		
Female		
Total		

9. Does your school provide the following resources?

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a) Learning Support/Resource Teachers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b) Language Support Teachers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c) Guidance Counsellor..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d) Special Needs Assistants..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e) Other Teaching Assistants | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

10a. Does the school have a Home-School Community Liaison Co-ordinator?

Yes. ₁ No ₄

10b. If yes, is this full-time or part-time?

Full-Time ₂ Part-Time ₃

11. Compared to other Second Level Schools in the country how adequate to the needs of the school and the students are the school's resources in each of the following areas?

	Poor	Fair	Good	Excellent
a. Number of teachers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Number of classrooms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Computing facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Sports facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Science labs/equipment.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Learning support provision.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Language support provision.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

12. In your assessment, approximately what proportion of pupils in the school would have such literacy, numeracy, or emotional-behavioural difficulties as to adversely impact on their educational development? Please tick one box on each line to indicate approximate percentage.

Approximate percentage of children with each problem

	None	less than 10%	10-25%	26-40%	More than 40%
a) Literacy Problems.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b) Numeracy Problems.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c) Emotional / Behavioural problems.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

13a. In what year was the school built? Year _____

13b. Approximately how many pupils do you feel the school is designed for? _____ children

14. Schools take different approaches to helping first year students to adapt to second level education. In column (a) below please tick Yes or No to indicate whether or not your school adopts each of the approaches listed. In column (b) please tick one box only to indicate the approach which you think is most important in your school.

	(a) Adopted by the school		(b)
	Yes	No	Single Most Important Approach
a) Induction day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b) Class Tutor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1
c) Student Mentors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1
d) Study skills programme	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1
e) Other (please specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1

15. In general, do more pupils apply to come to this school than there are places available?

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

16. If Yes, What criteria are used to admit pupils [Please tick all that apply]?

- Proximity to the school1
- Other siblings in the school2
- Parents attended the school3
- Performance on tests4
- Date of application5
- Religion6
- Attended attached or feeder primary school.....7
- Other (Please specify below)8

17. Approximately, what is the **Average Daily Attendance** for your school this year (2010 / 2011)?

_____ % Average Daily Attendance **OR** _____ Average number attending daily

18. What percentage of pupils missed 20 days or more in the 2010 / 2011 academic year (as per the NEWB figures) _____ %

19. Approximately how many of each of the following groups of pupils do you have in your school? If none, please write 'NONE' – do not leave blank. – the same child can be recorded more than once.

	Number
Foreign-national pupils.....	_____
Pupils of families from the Travelling Community	_____
Pupils with language difficulties (where native language is other than English / Irish)	_____
Pupils with physical / sensory disabilities.....	_____
Pupils with learning / intellectual disabilities	_____

20. Does your school offer the following programmes?

	Yes	No
1. Transition Year (TY)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. Junior Certificate Schools Programme (JCSP).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3. Leaving Certificate Applied (LCA)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4. Leaving Certificate Vocational Programme (LCVP).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5. Post-Leaving Certificate (PLC) courses.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

21. What subjects are taught specifically in Junior Cycle in the school [Please tick all that apply]

SUBJECT		LEVEL
Irish	Higher	<input type="checkbox"/> ₁ Ordinary
English	Higher	<input type="checkbox"/> ₁ Ordinary
Mathematics	Higher	<input type="checkbox"/> ₁ Ordinary
History	Higher	<input type="checkbox"/> ₁ Ordinary
Geography	Higher	<input type="checkbox"/> ₁ Ordinary
French	Higher	<input type="checkbox"/> ₁ Ordinary
German	Higher	<input type="checkbox"/> ₁ Ordinary
Spanish	Higher	<input type="checkbox"/> ₁ Ordinary
Italian	Higher	<input type="checkbox"/> ₁ Ordinary
Art, Craft & Design.....	Higher	<input type="checkbox"/> ₁ Ordinary
Music	Higher	<input type="checkbox"/> ₁ Ordinary
Science	Higher	<input type="checkbox"/> ₁ Ordinary
Science (with Local Studies)	Higher	<input type="checkbox"/> ₁ Ordinary
Home Economics	Higher	<input type="checkbox"/> ₁ Ordinary
Materials Technology (Wood)	Higher	<input type="checkbox"/> ₁ Ordinary
Metalwork	Higher	<input type="checkbox"/> ₁ Ordinary
Technical Graphics	Higher	<input type="checkbox"/> ₁ Ordinary
Business Studies	Higher	<input type="checkbox"/> ₁ Ordinary
Typewriting	Higher	<input type="checkbox"/> ₁ Ordinary
Environmental and Social Studies (ESS)	Higher	<input type="checkbox"/> ₁ Ordinary
Technology	Higher	<input type="checkbox"/> ₁ Ordinary
Latin	Higher	<input type="checkbox"/> ₁ Ordinary
Ancient Greek	Higher	<input type="checkbox"/> ₁ Ordinary
Classical Studies	Higher	<input type="checkbox"/> ₁ Ordinary
Hebrew Studies	Higher	<input type="checkbox"/> ₁ Ordinary
Religious Education	Higher	<input type="checkbox"/> ₁ Ordinary
Civic, Social and Political Education (CSPE)	Common	<input type="checkbox"/> ₁ Ordinary
Physical Education	Common	<input type="checkbox"/> ₁ Ordinary
Social, Personal and Health Education (SPHE)	Common	<input type="checkbox"/> ₁ Ordinary
Computer Studies	Common	<input type="checkbox"/> ₁ Ordinary
Other please specify	<input type="checkbox"/> ₁	

22. Does your school provide any of the following activities outside the formal class time?

	Yes	No
Homework club/supervised study.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Team sports.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Individual sports.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Choir	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Learning musical instruments.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Drama.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Dance.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Debating.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

23. If there are more than 1 class in any year-group, on what basis are pupils in the school allocated to their base classes?

Randomly / alphabetically	<input type="checkbox"/> ₁	Performance on tests.....	<input type="checkbox"/> ₃
Only 1 class per year-group	<input type="checkbox"/> ₂	Other [please specify]	<input type="checkbox"/> ₄

24. Does the school hold formal parent-teacher meetings at least once per year? Yes ₁ No ₂

25. Approximately what percentage of parents attend parent-teacher meetings? _____ per cent

26. Do you use a formal anti-bullying programme in your school (such as the Cool School Programme)?

Yes ₁ No ₂

27. Please indicate the extent to which you believe each of the following to be true of teachers in your school.

	True of nearly all	True for more than half	True for less than half	True of only a few
a. Teachers are positive about the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Teachers get a lot of help and support from colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Teachers are open to new developments and challenges..	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Teachers are eager to take part in in-service training	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

28. Below we have list of statements about pupils. Please indicate if you feel each is true of nearly all, more than half, less than half, or only a few pupils in the school.

	Nearly all	More than half	Less than half	Only a few
Pupils, in general:				
a. Enjoy being at school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Are well-behaved in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Show respect for their teachers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Are rewarding to work with.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Are well behaved in the playground/school yard	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

29. In general terms (a) how *stressed* do you feel by your job and (b) how *satisfied* do you feel with your job?

	Very	Fairly	Not Very	Not At All
a. How stressed do you feel by your job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. How satisfied do you feel with your job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Thank you very much for having completed this part of *Growing Up in Ireland*

APPENDIX U: NON-RESIDENT PARENT INFORMATION LEAFLET

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 8,500 13-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 study is being funded by the Department of Children and Youth Affairs, in association with the Department of Social Protection and the Central Statistics Office

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

What do I do next?

We would ask you to complete the enclosed questionnaire and return it in the 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 V: NON-RESIDENT PARENT QUESTIONNAIRE

Growing Up in Ireland – national longitudinal study of children

Strictly Confidential

Non Resident Parent Questionnaire

Area Code

Household Code

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.

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 does a typical contact occasion last? _____ days or _____ hours

Q5. How do you feel about the amount of time you spend with the study child? Please tick one of the following:

Nowhere near
enough

 ₁

Not quite
enough

 ₂

About right

 ₃

A little too
much

 ₄

Way too
much

 ₅

Q6. If you feel that you do not spend enough time with the study child, what do you think is the reason for this situation? If more than one reason, please tick the main reason

Work commitments ₁

Commitments to other family/new partner ₂

Physical distance between self and child ₃

Other parent is uncooperative ₄

Court-imposed custody rules.. ₅

Other ₆

Q7. When you are spending time with the study child, where do you tend to 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 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. Fathers 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).

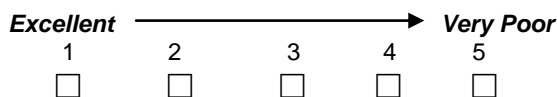
	<i>Rank</i>
Showing my child love and affection	
Spending time on activities with my child	
Taking care of my child financially	
Giving my child moral and ethical guidance	
Making sure my child is safe and protected	
Teaching my child and encouraging his or her curiosity	
Other (specify)	

Q10. Do you use any of the following to communicate with the study child? Please tick all that apply

- Landline phone ₁
 Mobile phone ₂
 Internet chat-room ₃
 MSN Messenger or similar ₄
 Email ₅
 Social networking sites (e.g., Facebook) ₆
 Other ₇

Q11. How many hours of communication, outside of personal visits, do you have with the study child in a typical month? (Your best estimate is fine) _____ number of hours

Q12. We would like to get a sense of how you rate the quality of the time you spend with the study child. Please tick one box to indicate a rating of between 1 and 5, where '1' is "excellent" and '5' is "very poor".



Q13. 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	Several times a year	Rarely or never
Prepare a meal for the child at home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Getting the child to bed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Help the child with his/her homework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Take the child to doctor /dentist /hairdresser etc.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Take the child to or from school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

We would like to record some information about the kind of financial support you provide for the study child and his or her household.

Q14. 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
 Yes, I pay a contribution ₂
 No, I don't pay towards the rent or mortgage directly ₃ Go to Q16
 There is no rent or mortgage owing on the home ₄ Go to Q16

Q15. If you pay all or part of the mortgage or rent, how much do you pay per month?
 € _____ per month

Q16. Do you provide financial support to the child's mother (other than a direct rent or mortgage payment)?

Never ₁

Yes. ₂ **REGULAR** payment of € _____ per month (excluding direct rent/mortgage payment)

Yes. ₃ an **IRREGULAR** payment, as required (e.g. back to school) to the approximate value of
€ _____ per year

Q17. If you give a regular payment as in Q16 above, how did you decide on the amount/schedule?

(Please tick one box only)

Your decision ₁

Mutual agreement with mother ₂

Legally imposed arrangement ₃

Q18. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally "being there" when needed, etc?

Never ₁

Yes, occasionally ₂

Yes, frequently ₃

Q19. 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 together ₁ Go to Q20

Cohabiting/living as married ₂ Go to Q20

Separated ₃ Go to Q20

Divorced ₄ Go to Q20

Going out but not living together ₅ Go to Q20

Just friends ₆ Go to Q21

No relationship ₇ Go to Q21

Q20. What age was the study child when you separated or split up with the study child's mother for the first time?

AGE _____ years and _____ months OR Separated before birth ₁

Q21. Are you named on the study child's birth certificate?

Yes ₁

No ₂

Not sure ₃

Q22. If you have never been married to the Study Child's mother have you ever applied for guardianship of Study Child? If you were married, please go to Q24

No ₁

Yes, through mother only ₂

Yes, through court ₃

Q23. If yes, was this application successful?

Yes..... ₁

No..... ₂

Ongoing..... ₃

Q24. How often do you talk about the Study Child with the Study Child's mother?

Every day ₁

Several times a week ₂

About once a week ₃

A few times a month ₄

Several times a year ₅

Not at all ₆

Q25. How well do you get on with the Study Child's mother? Would you say your relationship is . . . ?

Very positive

₁

Somewhat positive

₂

Neutral

₃

Somewhat negative

₄

Very negative

₅

Q26. Often parents have to make major decisions concerning the child, such as about education. Please indicate the degree of influence you feel you have in major decisions concerning the study child's:

	A lot of influence	Some influence	No influence
Discipline	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Health care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Values and attitudes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Finally, we just have a few questions about you.

Q27. What is your date of birth?

Day		Month		Year			

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	<input type="checkbox"/> 2	Divorced	<input type="checkbox"/> 5
Remarried following divorce	<input type="checkbox"/> 3	Widowed	<input type="checkbox"/> 6
		Remarried following Widowhood	<input type="checkbox"/> 7

Q33. Are you currently living with a partner?

Yes 1 No..... 2 Go to Q35

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 _____ by a different partner(s)

Q36. What is your nationality? _____

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 01-8632000**