

Growing Up in Ireland

Read Along Questionnaire for 9 year olds

Instructions

Welcome to the Growing up in Ireland study. We want to find out what it is like to be a 9 year old child living in Ireland. You are one of 10,000 children aged 9 years that are taking part in this survey. Your answers will help the government to plan things for young people like yourself.

There are a number of questions which I will read out to you and which I would like you to answer. Some of the questions are about you, your school, your family, 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 your answers to these questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

First think about school

Section A: School

1. What do you think about school?

Always like it₁ Sometimes like it₂ Never like it₃

2. How well do you think you are doing in your school work?

Well₁ Average/Ok₂ Poorly₃

3. Do you like the following subjects?

Always like it Sometimes like it Never like it

a) Maths₁₂₃

b) Reading₁₂₃

c) Irish₁₂₃

4. How often do you get homework?

Never₁

3-4 times a week₃

1-2 times a week₂

5 times a week₄

Section B: Using a Computer

5. Do you have a computer, iPad, smartphone or other gadget at home that you can use to access the internet?

Yes ₁

No ₂ Go to Q9

6. In the last week did you use it? (say all the things that you did)

	Yes	No
a) to watch videos on YouTube?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) to visit a social Media profile?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) to play games on your own?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) to play games with other people?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) for instant messaging?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f) for homework?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g) to watch TV or movies on the internet?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h) to download apps	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i) to download or stream music or films?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j) to share photos, videos or music with people other than your family?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
k) to read a book	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
l) to search for information on things that interest you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
m) other things you do with it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Please tell me what else you do on the internet?		

**7. What type of gadget do you use most when you are online?
(say one)**

- iPad or other tablet device.....1
- laptop.....2
- desktop computer.....3
- smartphone.....4
- games console (e.g. xbox, Wii, PlayStation).....5
- something else (please write it down).....6

8. Who owns this gadget? (say one)

- You.....1
 - Mum or dad.....2
 - Older brother or sister.....3
 - Shared by all the family.....4
 - Someone else (please write it down).....5
-

9. Are you allowed to use the internet without your parents or another adult checking what you are doing? Yes.1 No..2

10. Do you have your own mobile phone? Yes.1 No..2Go to Q12

11. Can you use this phone to access the internet? Yes.1 No..2

Section C: Likes and Dislikes

12. Could you tell me the three things you like to do most in your free time? (your favourite thing)

- Most favourite thing: _____
- Second favourite thing: _____
- Third favourite thing: _____

13. About how many friends do you have?

None. _0 Go to Q15

1 - 2... _1

6 - 10..... _3

3 - 5.. _2

More than 10..... _4

14. When you are not at school, how often do you spend time with your friends (say ONE box only)

Most days _1

Less often than once a month. _4

At least once a week..... _2

Never _5

At least once a month..... _3

15. Over the past 7 days on how many days were you physically active for a total of at least 60 minutes per day? Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.

- | | | | |
|--------------|--------------------------|--------------|--------------------------|
| No days..... | <input type="checkbox"/> | 4 days | <input type="checkbox"/> |
| 1 day..... | <input type="checkbox"/> | 5 days..... | <input type="checkbox"/> |
| 2 days..... | <input type="checkbox"/> | 6 days..... | <input type="checkbox"/> |
| 3 days..... | <input type="checkbox"/> | 7 days..... | <input type="checkbox"/> |

16. How often do you play sport?

- | | | | | | |
|-----------------------|--------------------------|----------------------------|------------------------|--------------------------|------------------|
| Never | <input type="checkbox"/> | <small>1 Go to Q19</small> | 3-4 times a week | <input type="checkbox"/> | <small>3</small> |
| 1-2 times a week..... | <input type="checkbox"/> | <small>2</small> | Almost every day..... | <input type="checkbox"/> | <small>4</small> |

17. What sport(s) do you play? Say up to 3 sports

- | | | | | | |
|----------------------|--------------------------|------------------|---|--------------------------|-------------------|
| Gaelic football..... | <input type="checkbox"/> | <small>1</small> | Athletics/Running..... | <input type="checkbox"/> | <small>7</small> |
| Soccer | <input type="checkbox"/> | <small>2</small> | Rugby..... | <input type="checkbox"/> | <small>8</small> |
| Swimming | <input type="checkbox"/> | <small>3</small> | Camogie..... | <input type="checkbox"/> | <small>9</small> |
| Dance | <input type="checkbox"/> | <small>4</small> | Horse riding..... | <input type="checkbox"/> | <small>10</small> |
| Hurling..... | <input type="checkbox"/> | <small>5</small> | Other (Please write it down) <input type="checkbox"/> | <small>11</small> | |
| Basketball..... | <input type="checkbox"/> | <small>6</small> | _____ | | |

18. What is your favourite sport?

19. How often do you read for fun (not for school)?

- Every day ₁
- A few times a week..... ₂
- Once a week..... ₃
- A few times a month..... ₄
- Less than once a month ₅
- Never ₆ Go to Q21

20. What do you like to read (in print or online)? Tick as many as you want

- Stories or novels ₁
- Books that explain things (e.g. about your favourite athlete, animals you like or a place you visited)..... ₂
- Magazines ₃
- Comic books ₄
- Something else (Please write it down)..... ₅ _____

21. Do you do any of these chores or jobs at home?

	Often	Occasionally / Sometimes	Never
a) Help with cooking for the family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b) Hoovering / cleaning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c) Helping in the garden	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d) Washing the dishes / Emptying the dishwasher	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e) Putting out the bin / recycling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f) Cleaning the car	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g) Helping with your younger brothers or sisters	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h) Helping an elderly or sick relative in the family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i) Feeding or cleaning up after your family pet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

22. What would you most like to be when you grow up? Please describe what you would like to be as fully as possible.

23. Are there any pets in your family? Yes 1 No.....2 Go to end

24. What sort? [Say them all]

