C4M

Growing Up in Ireland

Strictly Confidential

Young Adult: Self-Complete Questionnaire –20-year-old Cohort

Area ☐☐☐☐ Household ☐☐☐ YA no. ☐

Interviewer Name _____ Interviewer Number ☐☐☐☐☐

Time Section Started ☐☐☐☐ **(24 hour clock)**

Date _____ _____ _____

day *month* *year*

We have a few final questions which we would like you to answer. 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 IN ANSWER TO THE QUESTIONS IN THIS INTERVIEW IS TREATED IN THE STRICTEST CONFIDENCE.

If you would like to talk with someone about any issues mentioned in this part of the survey you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

X1. <20-year-old>'s sex:... Male.....☐1 Female.....☐2

X2. <20-year-old>'s date of birth? day ☐☐ month ☐☐ year ☐☐☐☐

A. Friendship networks, discrimination, ideal partner

Section A: This section contains questions on YOUR FRIENDS AND HOW YOU GET ON WITH THEM.

A1. How many friends do you have? [TICK ONE BOX ONLY]

None..... ☐0
One or two ..... ☐1
Between 3 and 5 ..... ☐2
Between 6 and 10 ..... ☐3
More than 10..... ☐4

A2. How many of your friends would you describe as CLOSE friends?

None..... ☐1 Some ..... ☐2 All ..... ☐3

A3. Would you say that you can count on your close friends when you need them?

Always/most of the time ..... ☐1 Some of the time ..... ☐2 Rarely/Never ..... ☐3

A4. Please rate the following items in terms of how important each is in describing your IDEAL long-term partner. Give a rating between 1 (*very unimportant*) and 7 (*very important*) to each item.

	1 Very unimportant	2	3	4	5	6	7 Very important
a. Their Personality	☐1	☐2	☐3	☐4	☐5	☐6	☐7
b. Their Looks	☐1	☐2	☐3	☐4	☐5	☐6	☐7
c. Their Money	☐1	☐2	☐3	☐4	☐5	☐6	☐7

B. Smoking, Alcohol and Drugs

Section B: This section contains questions on SMOKING, DRINKING ALCOHOL AND DRUGS.
The next set of questions is about cigarettes (including roll-ups).

B1. Have you ever smoked a cigarette?(Please only think about cigarettes or cigars, we will ask you separately about 'vaping' and e-cigarettes)

Yes ..... ☐1 No..... ☐2 → **go to B7**

B2. How old were you when you first smoked a cigarette? _____years

B3. Which of the following best describes you?

Only ever tried smoking once or twice ☐1
Used to smoke but not now ☐2
Smoke occasionally ☐3
Smoke daily ☐4

B4. About how many cigarettes do you smoke in a week? _____

B5. Have you ever tried to give up cigarettes but found that you couldn't?

Yes ..... ☐1 No..... ☐2

B6. What would you say is your MOST IMPORTANT reason for smoking? [tick one only]

	Tick One
I enjoy it	☐1
It helps me to cope with stress	☐2
To help lose or maintain weight	☐3
Because my friends smoke	☐4
Because my family smoke	☐5
I can't give it up	☐6
Something else	☐7

B7. Have you ever tried an e-cigarette or "vaping"?

Yes ..... ☐1 No..... ☐2

B8. How often, if at all, do you currently use an electronic cigarette?

Daily	Less than daily, but at least once a week	Less than weekly, but at least once a month	Less than monthly	Not at all
☐1	☐2	☐3	☐4	☐5

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

B9. Have you ever consumed alcohol?

Yes ..... ☐1 No..... ☐2 **Go to B26**

B10. How old were you when you had your first full drink of alcohol – more than a few sips? _____years

B11. How often do you have a drink containing alcohol?

Never		Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
☐0	GO TO B26	☐1	☐2	☐3	☐4

B12. How many units of alcohol do you have on a typical day when you are drinking? (Please use the separate DRINKOGRAM sheet to help you.)

1 or 2	3 or 4	5 or 6	7, 8 or 9	10 or more
☐1	☐2	☐3	☐4	☐5

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
B13. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	☐0	☐1	☐2	☐3	☐4
B14. How often during the last year have you found that you were not able to stop drinking once you had started?	☐0	☐1	☐2	☐3	☐4
B15. How often during the last year have you failed to do what was normally expected from you because of your drinking?	☐0	☐1	☐2	☐3	☐4
B16. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	☐0	☐1	☐2	☐3	☐4
B17. How often during the last year have you had a feeling of guilt or remorse after drinking?	☐0	☐1	☐2	☐3	☐4
B18. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	☐0	☐1	☐2	☐3	☐4

	No	Yes, but not in the last year	Yes, during the last year
B19. Have you or somebody else been injured as a result of your drinking?	☐1	☐2	☐3
B20. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	☐1	☐2	☐3

B21. Where do you drink most of your alcohol? (tick one) Is it. . .

In your home .... ☐1 **Someone else's home**..... ☐2 **Pub/club** .... ☐3 **Restaurant**... ☐4 **Other**..... ☐5

B22. Thinking back over the last three months, when you drank alcohol would you say you drank it mostly

With friends ..... ☐1 With family ..... ☐2 With workmates ..... ☐3 Alone..... ☐4

B23. Have you ever tried to give up or reduce the amount you drink?

I have tried to give up..... ☐1 I have tried to reduce..... ☐2 Neither..... ☐3 I don't need to.. ☐4

B24. [if tried to give up or reduce] How successful were you?

Not at all successful..... ☐1 Somewhat successful..... ☐2 Very successful..... ☐3

B25. What would you say is your MOST IMPORTANT reason for drinking alcohol? (tick one only)

I enjoy it	☐1
It helps me to relax	☐2
It helps me to cope with stress	☐3
It gives me confidence in company	☐4
Because my friends drink	☐5
Because my family drink	☐6
I can't give it up	☐7
Something else	☐8

The next set of questions is about drugs.

B26. Have you ever tried cannabis (also called marijuana, hash, dope, pot, skunk, puff, grass, draw, ganja, spliff, joints, smoke, weed)?

Yes ..... ☐1 No..... ☐2 Prefer not to say ..... ☐3

B27. Which statement describes you the best?

Only ever tried cannabis once or twice	Used to take cannabis but not now	Take cannabis occasionally	Take cannabis more than once a week	Don't take cannabis
☐1	☐2	☐3	☐4	☐5

If taking cannabis occasionally or more often:

B28. Where do you usually take the cannabis you use? (tick one) Is it. . .

In your home ....☐1 **Someone else's home.....** ☐2 **Pub/club.....** ☐3 **Other .....** ☐4

B29. Thinking back over the last three months, when you took cannabis would you say you took it mostly (*tick all that apply*):

a. With friends ..☐1 b. **With family.....** ☐2 c. **With workmates .....** ☐3 d. **Alone....** ☐4

B30. What would you say is your MOST IMPORTANT reason for smoking cannabis? (tick one only)

	Tick One
I enjoy it	☐1
It helps me to relax	☐2
It helps me to cope with stress	☐3
It gives me confidence in company	☐4
Because my friends smoke cannabis	☐5
Because my family smoke cannabis	☐6
I can't give it up	☐7
Something else	☐8

B31. Have you ever tried inhaling or sniffing aerosols / gas (lighter refills) / glue / solvents? and if yes, have you done it more or less than 5 times in the last year? (tick one only)

No	Yes, less than 5 times	Yes, 5 or more times
☐1	☐2	☐3

B32. Have you tried, taken or used any non-prescribed drugs, such as ecstasy, cocaine etc?

No	Yes, less than 5 times	Yes, 5 or more times
☐1	☐2	☐3

B33. If yes, which of the following have you taken in the last year? (Tick one box on each line)

	No	Yes, less than 5 times	Yes, 5 or more times
a. Amphetamines (also called upper, phet, billy, wizz, sulph, base, dexedrine)	☐1	☐2	☐3
b. Poppers (also called rock harm, tnt, kix, isobutyl nitrite, ram, thrust, purple haze, locker room)	☐1	☐2	☐3
c. Ecstasy (also called disco biscuits, rolex, dopphins, xtc, yokes, hug drug, mitsubishi, tulips sweeties, love doves, brownies, m and m's)	☐1	☐2	☐3
d. LSD (also called blotter, cheer, flash, hawk, L, lucy, acid diethylamide, micro dot, lightning flash, liquid acid)	☐1	☐2	☐3
e. Magic mushrooms (also called liberties, magics, mushies)	☐1	☐2	☐3
f. Spanglers (also called spangs)	☐1	☐2	☐3
g. Cocaine (also called snow, dust, white)	☐1	☐2	☐3
h. Crack (also called base, freebase, wash, pebbles, gravel)	☐1	☐2	☐3
i. Heroin (also called skag, horse, china white, dragon)	☐1	☐2	☐3
j. Ketamine (also called Green, K, special K, super K, vitamin K)	☐1	☐2	☐3
k. Steroids (not prescribed by a doctor) (also called arnies, juice, gym candy, andro, pumpers, stackers, weight trainers)	☐1	☐2	☐3
l. Zimovane (also called zombie pills, sleep easy, tic tacs, zimmers)	☐1	☐2	☐3
m. Benzodiazepines (not prescribed by a doctor) (also called eggs, blues, yellows, rugby balls, d5s, d10s, jellies, sleepers, roofies, downers, moggies)	☐1	☐2	☐3
n. ADHD medication (not prescribed by a doctor) (also called diet coke, kiddie coke, smarties)	☐1	☐2	☐3
o. Pain killers (for "recreational" use, not for pain) (also called oxycodone-oc, oxy, fetanyls-u4)	☐1	☐2	☐3
p. Methadone (also called meth, juice, phy)	☐1	☐2	☐3
q. Gabapentin (also called gabbies)	☐1	☐2	☐3
r. Tramadol (also called ultras, chill pills, oxycontin lite)	☐1	☐2	☐3
s. Pregabalin / Lycira (also called budlight, budweiserm, gabbies)	☐1	☐2	☐3
t. Psychoactive substancesw/Synthetic Cannabinoids-Mepherdrone (also called meow meow/mcat, snow)	☐1	☐2	☐3
u. Other	☐1	☐2	☐3

B34. Where do you usually take the drugs you use? (tick one) Is it. . .

In your home ☐1 **Someone else's home** ☐2 **Pub/club** ☐3 **Other** ☐4

B35. Thinking back over the last three months, when you took drugs would you say you took it mostly (*tick all that apply*):

a. With friends ☐1 b. **With family** ☐2 c. **With workmates** ☐3 d. **Alone** ☐4

B36. Have you ever used any other prescription drugs for non-medical purposes, for "recreational" use?

Yes ☐1 No ☐2

If yes to cannabis, non-prescribed drugs or 'recreational' use of prescribed drugs (B26; B32; B36).

B37. Have you ever thought you should cut down your drug use? Yes ☐1 No ☐2

B38. Have you ever felt annoyed when people have commented on your use? Yes ☐1 No ☐2

B39. Have you ever felt guilty or badly about your use? Yes ☐1 No ☐2

B40. Have you ever used drugs to ease withdrawal symptoms, or to avoid feeling low after drug use? Yes ☐1 No ☐2

The next questions are about gambling. Please think about how often you play the following in person or online.

	A few times a week	Once a week	Once or twice a month	Occas-ionally	A few times a year	Never
B41. Do you ever buy lottery tickets such as scratch cards or lotto?	☐1	☐2	☐3	☐4	☐5	☐6
B42. Do you ever play casino tables or video games for money? games such as craps, blackjack, roulette, slot machines or video poker	☐1	☐2	☐3	☐4	☐5	☐6
B43. Have you ever played any other games, such as cards or bingo, for money; or bet on horse races or sporting events; or taken part in any other kinds of gambling for money?	☐1	☐2	☐3	☐4	☐5	☐6

C. GENDER IDENTITY AND INTIMATE RELATIONSHIPS

Section C: The next set of questions relates to GENDER IDENTITY AND INTIMATE RELATIONSHIPS..

C1. If female what age were you when you had your first period?

_____ **years** _____**months** Don't know.....☐1 N/A.....☐2 Prefer not to say.....☐3

C2. How would you describe your sexual orientation? [TICK ONE BOX]

Heterosexual/straight (sexually attracted to the opposite sex) .....☐1
Gay or Lesbian (attracted to the same sex) .....☐2
Bisexual (attracted to both men and women).....☐3
Questioning/ Not sure.....☐4
Asexual (not attracted to either sex) .....☐5
Don't know.....☐6
Prefer not to say .....☐7

C3. Would you describe yourself as: Male.....☐1 Female ....☐2 Other.....☐3 Prefer not to say ...☐4

C4. Would you describe yourself as transgender? Yes.....☐1 No.....☐2 Prefer not to say ...☐3

C5.Which of the following best describes your current relationship status (Tick one)?

Single, not dating .....☐1
Casually dating but not exclusive.....☐2
Dating one person .....☐3
Living together (but not engaged or married).....☐4
Engaged (living together or not) .....☐5
Married (living together or not) .....☐6
Other.....☐7

C6. [If 'engaged' or 'married'at C5] Do you live with this person as a couple?

Yes.....☐1 No.....☐2 Prefer not to say.....☐3

C7. [If yes at C6] Since when have you been living together? _____ year _____ month

[If 'dating' or more serious]. Please tell us a little about your boyfriend/girlfriend/partner/spouse.

C8. What is their gender? Male.....☐1 Female .....☐2 Other ..☐3 Prefer not to say .....☐4

C9. What age are they?

Under 20 ☐1
20 -22 ☐2
23-25 ☐3
26-30 ☐4
Over 30 ☐5
Prefer not to say ☐6

C10. What do you think will be the status of this relationship in five years' time (Tick one)?

Dating ☐1
Living together as a couple (but not engaged or married) ☐2
Engaged (living together or not) ☐3
Married (living together or not) ☐4
Just friends ☐5
I expect to have moved on from this relationship/relationship ended ☐6
Don't know ☐7
Prefer not to say ☐8

C11. How often do the following things happen in your relationship?

	Never	Seldom	Sometimes	Often	Always
a. You tell him/her, what you're thinking	☐1	☐2	☐3	☐4	☐5
b. You share your secrets and private feeling with him/her	☐1	☐2	☐3	☐4	☐5
c. He/She shows recognition for the things you do..	☐1	☐2	☐3	☐4	☐5
d. He/She shows you that he/she respects and likes you ..	☐1	☐2	☐3	☐4	☐5
e. You are annoyed or angry with each other.	☐1	☐2	☐3	☐4	☐5
f. You disagree and quarrel	☐1	☐2	☐3	☐4	☐5

C12. In total, including your current boyfriend or girlfriend or partner (if relevant), how many girlfriends/boyfriends/partners have you had during the last year?

None ☐0 1 ☐1 2 ☐2 3 ☐3 4+ ☐4 Prefer not to say ☐5

D. SEXUAL EXPERIENCES

We are now going to ask about your SEXUAL EXPERIENCES. We are referring only to things which happened with your consent, with someone around your age (and not with someone you are related to). If you would like to talk with someone about any issues in this area please tell the interviewer and they will try to get someone to call you to put you in touch with someone who might be able to help.. Alternatively, the interviewer will be leaving information on helpline and advice numbers with all participants and one of these might be of assistance to you.

	Yes	No	Prefer not to say
D1. Have you ever had sexual intercourse, that is, made love, had sex, or 'gone all the way' with someone?	☐1	☐2	☐3

[If YES AT D1 AND NO TO SEXUAL INTERCOURSE AT 17/18-YEAR INTERVIEW ASK D2]
[If YES AT D1 AND YES TO SEXUAL INTERCOURSE AT 17/18-YEAR INTERVIEW GO TO D6]
[If NO AT D1 GO TO D11]

Thinking about your first sexual intercourse

D2. Was that person with whom you had first sexual intercourse of the opposite sex or the same sex?

Opposite sex..... ☐1 Same sex..... ☐2 Prefer not to say..... ☐3

D3. Which of the following best describes the relationship between you and the other person at the time you had first sexual intercourse?

You had just met for the first time/ didn't know each other ..... ☐1
You knew each other, but didn't have a steady relationship at the time ..... ☐2
You had a steady relationship at the time ..... ☐3
You were living together (but not married or engaged) ..... ☐4
You were engaged to be married ..... ☐5
You were married ..... ☐6
Prefer not to say ..... ☐7

D4. Still thinking of that time you had first sexual intercourse, did you or your partner use any forms of contraception, including withdrawal and/or emergency contraception?

Yes	No contraception used by either of us	No contraception used by me, don't know about partner	Not applicable	Don't know	Prefer not to say
☐1	☐2	☐3	☐4	☐5	☐6

D5. Looking back now to that first time you had sexual intercourse, do you think:

You should have waited longer before having sex with anyone ..... ☐1
That you should not have waited so long ..... ☐2
That it was about the right time ..... ☐3
Not sure ..... ☐4
Prefer not to say ..... ☐5

D6. Are you currently in an intimate relationship with the person with whom you first had sexual intercourse?

Yes ..... ☐1 No..... ☐2 Prefer not to say ..... ☐3

D7. With how many different people in total have you had sexual intercourse? _____

Don't know ..... ☐1 Prefer not to say..... ☐2

D8. In general, do you usually use a condom every time you have sexual intercourse?

Yes, on every occasion..... ☐1
Yes, on most occasions (3/4 of the time)..... ☐2
Yes, roughly half the time ..... ☐3
Yes, on some occasions (1/4 of the time)..... ☐4
No, never..... ☐5
Not currently sexually active ..... ☐6
Not applicable ..... ☐7
Don't know ..... ☐8
Prefer not to say..... ☐9

D9. Do you (or your partner) usually use some form of contraception?

Always	Nearly Always	Sometimes	Never / hardly ever	Not currently sexually active	Not applicable	No, as trying to conceive	No, as currently pregnant	Don't know	Prefer not to say
☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	☐9	☐10

D10. Have you ever had a sexually transmitted disease?

Never..... ☐1
Once..... ☐2
More than once ..... ☐3
Don't know ..... ☐4
Prefer not to say..... ☐5

Now some questions about your knowledge of sexual health.

D11. When during the female monthly cycle of menstrual periods is pregnancy most likely to occur? (tick one)

Right before the period begins..... ☐1
During the period ..... ☐2
About a week after the period begins ..... ☐3
About two weeks after the period begins..... ☐4
Anytime during the month, makes no difference .. ☐5
Don't know ..... ☐6

D12. Which of these methods is the most effective for preventing sexually transmitted diseases like AIDS or gonorrhea?

Withdrawal ..... ☐1
Condom..... ☐2
Birth control pill ..... ☐3
Good hygiene..... ☐4
Dental dam..... ☐5
Don't know ..... ☐6

E. CHILDREN

This section contains questions on CHILDREN YOU MAY HAVE AND PREGNANCY .

E1. Do you have any children?

Yes ..... ☐1 No ..... ☐2 Prefer not to say ..... ☐3

Ask if male

E2. Did you ever get a girl pregnant?

Yes ..... ☐1 No ..... ☐2 Prefer not to say..... ☐3

E3. How many pregnancies? _____

Ask if female

E4. Are you currently pregnant?

Yes ..... ☐1 No ..... ☐2 Prefer not to say..... ☐3

E5. Have you ever been pregnant?

Yes..... ☐1 No ..... ☐2 Prefer not to say..... ☐3

E6. How many pregnancies have you had (been involved in), including this pregnancy (if applicable)? _____

Ask male and female

E7. For each pregnancy, please tell us the outcome of each pregnancy. Did pregnancy (#1) result in a:

Live birth, child currently living with me ..... ☐1
Live birth, child currently living elsewhere (including adoption or fostered) ..... ☐2
Miscarriage ..... ☐3
Stillbirth ..... ☐4
Termination ..... ☐5
Still Pregnant ..... ☐6
Prefer not to say ..... ☐7

E8. [If any live births] How much did <baby> weigh at birth? __lbs ___ounces OR ___kgs

Ask if female

E9. Was <baby> ever breastfed (including colostrums – the milk produced during the first few days after the birth)?

Yes..... ☐1 No..... ☐2

E10. How old was <baby> when you stopped breastfeeding [Int: Accept answer in Days OR Weeks OR Months]

_____Days _____ Weeks _____ Months <Baby> still being breastfed..... ☐1

ASK ALL

E11 How many children, if any, would you like to have? Include children that you might adopt or foster long-term as well any biological children.

None	1	2	3	4	5	More than 5	Don't know
☐0	☐1	☐2	☐3	☐4	☐5	☐6	☐7

F. VICTIM OF CRIME AND BULLYING

F1. Have you been a victim of any crime in the last two years? Yes..... ☐1 No..... ☐2

F2. What type of crime did you experience? (tick all that apply)

a. Your home was broken into ..... ☐1
b. Your car was broken into ..... ☐2
c. Your car/motorbike/bicycle was stolen ..... ☐3
d. You had something stolen from your person ..... ☐4
e. You were assaulted or threatened with assault by someone you knew ..... ☐5
f. You were assaulted or threatened with assault by a stranger ..... ☐6
g. You were the victim of fraud or a cybercrime such as having your bank details stolen ..... ☐7
h. Someone posted/threatened to post upsetting or very personal information about you online ... ☐8
i. Something else ..... ☐9

F3. Did any of the following happen to you in the last 3 months? (tick all that apply)

a. Physical bullying ..... ☐1
b. Verbal bullying (name-calling, slagging) ..... ☐2
c. Electronic bullying (phone messaging, emails, Facebook etc.) ..... ☐3
d. Had graffiti or notes about you pinned up ..... ☐4
e. Had personal possessions taken or damaged ..... ☐5
f. Exclusion (being left out) ..... ☐6
g. Gossip / spreading rumours ..... ☐7
h. Threatened / forced to do things you didn't want to ..... ☐8
i. Other ..... ☐9

F4. If 'yes' to any of F3: How often would this / these have occurred?

Daily	Weekly	Monthly	Rarely
☐1	☐2	☐3	☐4

G. FEELINGS ABOUT YOURSELF, YOUR SELF-ESTEEM

Section G: This section contains questions on HOW YOU FEEL ABOUT YOURSELF, YOUR SELF-ESTEEM and so on.

G1. Below is a list of statements dealing with your general feelings about yourself. Please indicate how much you agree with each statement.

		Strongly Agree	Agree	Disagree	Strongly Disagree
a.	On the whole, I am satisfied with myself.	☐1	☐2	☐3	☐4
b.	At times, I think I am no good at all.	☐1	☐2	☐3	☐4
c.	I am able to do things as well as most other people.	☐1	☐2	☐3	☐4
d.	I certainly feel useless at times.	☐1	☐2	☐3	☐4
e.	All in all, I am inclined to feel that I am a failure.	☐1	☐2	☐3	☐4
f.	I take a positive attitude towards myself.	☐1	☐2	☐3	☐4

G2. How would you describe yourself? (tick one box only)

Very underweight ☐1
A bit underweight ☐2
Just the right size ☐3
A bit overweight ☐4
Very overweight ☐5

G3.If you were to describe how satisfied you are with your own life in general, how would you rate it on a scale of 0 to 10, 0 meaning you are extremely unsatisfied with your life in general, and 10 meaning that you are extremely satisfied with your life.

0 Extremely unsatisfied	1	2	3	4	5	6	7	8	9	10. Extremely satisfied
☐0	☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	☐9	☐10

H. FAMILY RELATIONSHIPS

Section H: This section contains questions on YOUR FAMILY AND HOW YOU GET ON WITH THEM.

H1. Are you in regular contact with your mother (or mother figure)?

Yes ☐1 No ☐2 Mother deceased ☐3 Prefer not to say ☐4

H2. If yes, please answer the following questions about how often the following things happen with your mother (or mother figure):

	Never	Seldom	Sometimes	Often	Always
a. You tell her what you're thinking	☐1	☐2	☐3	☐4	☐5
b. You share your secrets and private feelings with her	☐1	☐2	☐3	☐4	☐5
c. She shows recognition for the things you do	☐1	☐2	☐3	☐4	☐5
d. She shows you that she likes you	☐1	☐2	☐3	☐4	☐5
e. You are annoyed or angry with each other	☐1	☐2	☐3	☐4	☐5
f. You disagree and quarrel	☐1	☐2	☐3	☐4	☐5
g. She disappoints you	☐1	☐2	☐3	☐4	☐5
h. You cannot rely on her	☐1	☐2	☐3	☐4	☐5

H3. Which of the following best describes your relationship with her?

Biological or adoptive mother who lives here ☐1
Biological or adoptive mother who lives elsewhere ☐2
Stepmother ☐3
Foster mother ☐4
Grandmother ☐5
Someone else ☐6

H4. Are you in regular contact with your father (or father figure)?

Yes ☐1 No ☐2 Father deceased ☐3 Prefer not to say ☐4

H5. If yes, please answer the following questions about how often the following things happen with your father (or father figure):

	Never	Seldom	Sometimes	Often	Always
a. You tell him what you're thinking	☐1	☐2	☐3	☐4	☐5
b. You share your secrets and private feelings with him	☐1	☐2	☐3	☐4	☐5
c. He shows recognition for the things you do	☐1	☐2	☐3	☐4	☐5
d. He shows you that he likes you	☐1	☐2	☐3	☐4	☐5
e. You are annoyed or angry with each other	☐1	☐2	☐3	☐4	☐5
f. You disagree and quarrel	☐1	☐2	☐3	☐4	☐5
g. He disappoints you	☐1	☐2	☐3	☐4	☐5
h. You cannot rely on him	☐1	☐2	☐3	☐4	☐5

H6. Which of the following best describes your relationship with him?

Biological or adoptive father who lives here ☐1
Biological or adoptive father who lives elsewhere ☐2
Stepfather ☐3
Foster father ☐4
Grandfather ☐5
Someone else ☐6

H7. Is there someone in your life you can usually turn to for help and advice?

Yes ☐1 No ☐2

H8. All families have their ups-and-downs. Thinking of a scale from 1 to 10, on average how well would you say that the members of your family get on? '1' means you don't get on at all and '10' means you get on very well.

1	2	3	4	5	6	7	8	9	10.
We don't get on at all									We get on very well
☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	☐9	☐10

H9. Do you care for or look after another family member on a regular basis? By 'caring' I mean things like cooking for them, helping them wash or dress, making sure they take medication, supervising them when there is no-one else at home. If you have children, don't include them unless they need extra help.

Yes ..... ☐1 No ..... ☐2

H10. If yes, how is this person related to you?

	Care for them? Yes	No
a. Grandparent or other elderly relative	☐1	☐2
b. A parent or step-parent	☐1	☐2
c. A younger sibling	☐1	☐2
d. A sibling of the same age or older than you	☐1	☐2
e. Someone else	☐1	☐2

If yes, go to H11

H11. *If yes to 'younger sibling', also ask: Would you describe the care you provide to your younger sibling as 'baby-sitting' or something more than this (e.g. 'child care' in place of someone like a childminder or helping them with a medical condition)?

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

H12. Would you describe this care you provide as taking up: 'a large amount of my time'; 'quite a lot of my time'; 'some of my time'; 'not very much of my time'.

A large amount of **my** time	Quite a lot of **my** time	Some of **my** time	Not very much of **my** time
☐1	☐2	☐3	☐4

J. HOW YOU FEEL ABOUT THINGS

J1. 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**	☐1	☐2	☐3	☐4
b. **I felt depressed**	☐1	☐2	☐3	☐4
c. **I thought my life had been a failure**	☐1	☐2	☐3	☐4
d. **I felt fearful**	☐1	☐2	☐3	☐4
e. **My sleep was restless**	☐1	☐2	☐3	☐4
f. **I felt lonely**	☐1	☐2	☐3	☐4
g. **I had crying spells**	☐1	☐2	☐3	☐4
h. **I felt sad**	☐1	☐2	☐3	☐4

J2. Please read each statement and tick the box which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

	Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of time	Applied to me very much, or most of the time
a. I found it hard to wind down.	☐1	☐2	☐3	☐4
b. I tended to over-react to situations	☐1	☐2	☐3	☐4
c. I felt that I was using a lot of nervous energy	☐1	☐2	☐3	☐4
d. I found myself getting agitated	☐1	☐2	☐3	☐4
e. I found it difficult to relax	☐1	☐2	☐3	☐4
f. I was intolerant of anything that kept me from getting on with what I was doing	☐1	☐2	☐3	☐4
g. I felt that I was rather touchy	☐1	☐2	☐3	☐4

J3. Have you ever been diagnosed with depression or anxiety by a doctor/ psychologist/ psychiatrist?

Yes ..... ☐1 No..... ☐2

J4. What were you diagnosed with?

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

J5. Are you currently on or have you ever received any treatment?

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

J6. Are you currently on a waiting list for any form of treatment?

Yes..... ☐1 No ..... ☐2

J7. Apart from depression or anxiety, have you ever been diagnosed with another psychological or psychiatric illness/disorder by a doctor/ psychologist/ psychiatrist?

Yes..... ☐1 No..... ☐2

J8 What were you diagnosed with (tick all that apply)?

a. Eating disorder (e.g. anorexia, bulimia) ..... ☐1
b. Post-traumatic stress disorder (PTSD) ..... ☐2
c. Obsessive Compulsive Disorder (OCD) ..... ☐3
d. Bipolar Disorder ..... ☐4
e. Personality disorder ..... ☐5
f. Schizophrenia ..... ☐6
g. Other disorder including experience of hallucinations or delusions .... ☐7
h. Other psychological or psychiatric disorder not listed above..... ☐8

J9. Was there any time during the past 12 months when you really needed to consult a psychologist, psychiatrist, counsellor or other mental health specialist but did not?

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

J10. If yes, what was the main reason for not consulting a specialist in this area (tick all that apply)?

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/college to visit the doctor ..... ☐3
d. You wanted to wait and see if the problem got better ..... ☐4
e. You were afraid of visiting the doctor ..... ☐5
f. You are still on the waiting list ..... ☐6
g. Too far to travel/no means of transport ..... ☐7
h. You couldn't get an appointment when you needed to ..... ☐8
i. Some other reason ..... ☐9

J11. How much of the time during the last 4 weeks …

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. did you feel full of life?	☐1	☐2	☐3	☐4	☐5	☐6
b. have you felt calm and peaceful?	☐1	☐2	☐3	☐4	☐5	☐6
c. did you have a lot of energy?	☐1	☐2	☐3	☐4	☐5	☐6
d. have you been a happy person?	☐1	☐2	☐3	☐4	☐5	☐6

K. SELF-HARM

This section contains questions on self-harm. If you would like to talk with someone about any issues in this area you could use the phone numbers in the booklet that will be given to all participants at the end of the interview. Alternatively, just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

Life has many ups and downs. Sometimes people may feel very upset at times and may want to self-harm. We know this is a sensitive subject, but it is important to ask about it. By finding out about self-harm we may be able to find ways of helping people.

K1. Have you hurt yourself on purpose in any way IN THE LAST 12 MONTHS?

Yes ..... ☐1 No..... ☐2 Prefer not to say ..... ☐3

K2. How many times have you done this in the last year? Please tick one box only.

Once	2-5 times	6-10 times	More than 10 times	Don't know	Prefer not to say
☐1	☐2	☐3	☐4	☐5	☐6

K3. What form did this self-harm take on the last time you hurt yourself on purpose (tick all that apply)?

a. Pills/poison ..... ☐1
b. Cutting ..... ☐2
c. Banging/hitting/bruising ..... ☐3
d. Burning ..... ☐4
e. Other..... ☐5
f. Prefer not to say ..... ☐6

L. COPING AND SUPPORT

This section contains questions on HOW YOU COPE WITH DIFFICULTIES AND FROM WHOM YOU CAN GET SUPPORT.

L1. When something stressful has happened or you know it is about to happen, which of the following do you do to help you to cope:

	Often	Sometimes	Rarely	Never
a. I talk to my friends	☐1	☐2	☐3	☐4
b. I discuss the problem with my parents or other family members	☐1	☐2	☐3	☐4
c. I consult a professional	☐1	☐2	☐3	☐4
d. I drink alcohol or smoke a cigarette	☐1	☐2	☐3	☐4
e. I take some recreational drugs	☐1	☐2	☐3	☐4
f. I take a drug that has been prescribed for me	☐1	☐2	☐3	☐4
g. I watch more television	☐1	☐2	☐3	☐4
h. I 'take to the bed'	☐1	☐2	☐3	☐4
i. I spend time doing things I enjoy, like listening to music or a hobby, to cheer myself up	☐1	☐2	☐3	☐4
j. I exercise or play sports	☐1	☐2	☐3	☐4
k. I treat myself to something nice	☐1	☐2	☐3	☐4
l. I analyse the problem and work out a strategy to deal with it	☐1	☐2	☐3	☐4
m. I try and anticipate what challenges might arise and prepare for them	☐1	☐2	☐3	☐4
n. I try to 'look on the bright side' of what's happened	☐1	☐2	☐3	☐4

L2. With whom do you talk about personal thoughts and feelings, or about things you wouldn't tell just anyone?

	Yes	No	Not Applicable
a. My mother	☐1	☐2	☐3
b. My father	☐1	☐2	☐3
c. Step-parent	☐1	☐2	☐3
d. Boyfriend/girlfriend/partner	☐1	☐2	☐3
e. Brother/sister	☐1	☐2	☐3
f. Grandparent/Other relative	☐1	☐2	☐3
g. Friend	☐1	☐2	☐3
h. Counsellor or other professional	☐1	☐2	☐3
i. Someone else (e.g. work/college, neighbour etc)	☐1	☐2	☐3
j. No one	☐1	☐2	☐3

M. MANAGING BEHAVIOUR AND CONTACT WITH THE CRIMINAL JUSTICE SYSTEM

Section M: This section contains questions on MANAGING BEHAVIOUR AND CONTACT WITH THE CRIMINAL JUSTICE SYSTEM

There are times when most of us feel angry, or have done things we should not have done. Rate each of the items below by Never, Sometimes or Often. Do not spend a lot of time thinking about the items – just give your first response.

M1. How often have you …….?	**Never**	**Sometimes**	**Often**
a. Yelled at others when they have annoyed you	☐ 1	☐ 2	☐ 3
b. Had fights with others to show who was on top	☐ 1	☐ 2	☐ 3
c. Reacted angrily when provoked by others	☐ 1	☐ 2	☐ 3
d. Taken things from others	☐ 1	☐ 2	☐ 3
e. Gotten angry when frustrated	☐ 1	☐ 2	☐ 3
f. Vandalized something for fun	☐ 1	☐ 2	☐ 3
g. Had temper tantrums	☐ 1	☐ 2	☐ 3
h. Damaged things because you felt mad	☐ 1	☐ 2	☐ 3
i. Had a gang fight to be cool	☐ 1	☐ 2	☐ 3
j. Hurt others to win a game	☐ 1	☐ 2	☐ 3
k. Become angry or mad when you don't get your way	☐ 1	☐ 2	☐ 3
l. Used physical force to get others to do what you want	☐ 1	☐ 2	☐ 3
m. Gotten angry or mad when you lost a game	☐ 1	☐ 2	☐ 3
n. Gotten angry when others threatened you	☐ 1	☐ 2	☐ 3
o. Used force to obtain money or things from others	☐ 1	☐ 2	☐ 3
p. Felt better after hitting or yelling at someone	☐ 1	☐ 2	☐ 3
q. Threatened and bullied someone	☐ 1	☐ 2	☐ 3
r. Made obscene phone calls for fun	☐ 1	☐ 2	☐ 3
s. Hit others to defend yourself	☐ 1	☐ 2	☐ 3
t. Gotten others to gang up on someone else	☐ 1	☐ 2	☐ 3
u. Carried a weapon to use in a fight	☐ 1	☐ 2	☐ 3
v. Gotten angry or mad or hit others when teased	☐ 1	☐ 2	☐ 3
w. Yelled at others so they would do things for you	☐ 1	☐ 2	☐ 3

M2. Since you were 17 years of age, have you?

	Yes	No
a. Ever attended a Crime Prevention Talk, given by the Gardai, in school or elsewhere?	☐ 1	☐ 2
b. Ever been stopped and questioned by the Gardaí?	☐ 1	☐ 2
c. Ever been given a formal warning or caution by a Garda?	☐ 1	☐ 2
d. Ever been arrested by a Garda and taken to a Garda station?	☐ 1	☐ 2
e. (if arrested) Appeared in court because you were accused of a crime?	☐ 1	☐ 2
f. (if in court) Been found guilty of a crime?	☐ 1	☐ 2
g. Have you ever spent time in prison or a juvenile detention centre?	☐ 1	☐ 2

M3. What was that for: (tick all that apply)

a. Public order issue ..... ☐ 1
b. Assault or other offence against the person ..... ☐ 2
c. Damage to property ..... ☐ 3
d. Robbery, burglary or theft ..... ☐ 4
e. Road traffic offence ..... ☐ 5
f. Something else ..... ☐ 6

M4. Have you ever participated in a Garda Juvenile/ Youth Diversion Project? Yes ..... ☐ 1 No..... ☐ 2

N. INTERNET AND TECHNOLOGY USE

N1. How much time do you spend on each of the following activities on a typical day (where it is your main activity at the time)? For each, please answer separately for weekdays and weekend days. Don't include time you spend online for work but do include leisure time and study.

	None	Less than 1 hour	1 hour up to 2 hours	2 up to 3 hours	3 up to 5 hours	More than 5 hours	Difficult to say but at least some time everyday
a. Online [WEEKDAY]	☐1	☐2	☐3	☐4	☐5	☐6	☐7
b. Online [WEEKEND DAY]	☐1	☐2	☐3	☐4	☐5	☐6	☐7
c. Watching television/films [WEEKDAY]	☐1	☐2	☐3	☐4	☐5	☐6	☐7
d. Watching television/films [WEEKEND DAY]	☐1	☐2	☐3	☐4	☐5	☐6	☐7
e. Playing video/computer games [WEEKDAY]	☐1	☐2	☐3	☐4	☐5	☐6	☐7
f. Playing video/computer games [WEEKEND DAY]	☐1	☐2	☐3	☐4	☐5	☐6	☐7

N2. How often would you say you 'multi-screen'? That is, use or watch more than one device at a time such as using a smartphone while watching television. (TICK ONE ANSWER).

Several times a day	Once a day	Several times a week, but not every day	Once a week or less often	Never
☐1	☐2	☐3	☐4	☐5

[If at least some time spent on internet in N1]. We would like to ask you some more questions about how you use the internet.

N3. Do you use the internet for the following? (tick all that apply)

a. Social Media (e.g. Facebook, Twitter, etc.) ..... ☐1
b. Music/television/movies ..... ☐2
c. Games/Games Streaming ..... ☐3
d. Virtual casinos/placing bets ..... ☐4
e. Pornography ..... ☐5
f. News updates (including entertainment or sports news) ..... ☐6
g. Messaging/calling friends or family (e.g. Whatsapp, Skype, email) ..... ☐7
h. Dating apps ..... ☐8
i. Shopping ..... ☐9
j. For college work, online tutorials, distance learning ..... ☐10
k. For work purposes ..... ☐11
l. Advice on health, relationship or other issues you are concerned about ..... ☐12
m. Filling out online application forms for jobs, social welfare, grants etc ..... ☐13
n. Searching for information generally (e.g. 'Googling' something) ..... ☐14
o. Paying bills and managing money ..... ☐15
p. Posting 'youtube' videos with a view to earning money (now or in the future) ..... ☐16

(***IF YES TO SOCIAL MEDIA FROM N3***)

N4. Here is a list of popular social media sites. Please tick to indicate

a. Do you have an account on any of these sites? (tick all that apply)
b. For which (if any) of the following apps/programs do you have a public profile? (i.e. where your information and/or what you post can be viewed by people other than your own friends).
c. Which of these apps do you use daily/almost daily? (tick all that apply from list)
d. Do you know how to change your privacy settings ?

Social Media Sites	(A) For which do you have an account	(B) For which do you have a public profile	(C) Which do you use daily or almost daily	(D) Do you know how to change your privacy settings?	
				Yes	No
Twitter					
Facebook					
Instagram					
Snapchat					
Linkedin					
Pinterest					
Google + (G+)					

N5. Thinking about the way people might use social networking sites….Do you ever?

	Yes	No
Remove your name from photos that have been tagged to identify you	☐ 1	☐ 2
Delete comments that others have made on your profile	☐ 1	☐ 2
Post updates, comments, photos or videos that you later regret sharing	☐ 1	☐ 2
Include your location on your post	☐ 1	☐ 2

N6. (If N3a = n) Did you ever have a social media site (e.g. Facebook, Twitter, etc.) ? Yes ... ☐1 No .....☐2

N7. In the last year have you EVER met anyone face-to-face that you first got to know on the internet

Yes .....☐1 No ..... ☐2

O REFLECTIONS ON CHILDHOOD

Section O: This section contains questions ABOUT REFLECTIONS ON YOUR CHILDHOOD NOW THAT YOU ARE AN ADULT.

O1. Looking back on your childhood and teenage years, please tell us how much you agree or disagree with the following statements.

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
a. Overall my childhood (aged 4-11 years) was happy.	☐1	☐2	☐3	☐4	☐5	☐6
b. Overall my teenage years (aged 12-18 years) were happy.	☐1	☐2	☐3	☐4	☐5	☐6

The people responsible for *Growing Up in Ireland* would like to thank you for completing this questionnaire. Some of the issues raised here might have been unpleasant for you to think about or concern activities that put your health and well-being at risk.

If any of these issues apply to you it is important that you talk to someone. If you tell the interviewer at the end of the interview they will put you in touch with someone who can talk to you about the issues in question. Alternatively, you can phone one of the Helplines on the list which will be provided.