



Fás Aníos in Éirinn

Growing Up in Ireland

Appendices to Growing Up in Ireland

Technical Series Report Number 2023-1

Design, Instrumentation and Procedures for Cohort '08
of Growing Up in Ireland at 13 Years Old (Wave 6)

Contact Documents, Information Sheets,
Consents Forms and Questionnaires

Note: Some information contained in these appendices (e.g. logos, contact details) was correct at time of use but is no longer up to date.

August 2023



APPENDIX A

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Appendix A

Contact Documents, Information Sheets and Consent Forms



An Institiúid um Thaighde Eacnamaíochta agus Sóisialta
Cearnóg Whitaker, Cé Sir John Rogerson, Baile Átha Cliath 2

The Economic and Social Research Institute
Whitaker Square, Sir John Rogerson's Quay, Dublin 2, D02 K138
(353 -1) 8632000 www.esri.ie admin@esri.ie



«PCG_title» «PCG_Fn» «PCG_sn»

<<group/hsd>>

«addr1»

«addr2»

«addr3»

«ADDR4»

«addr5»

«parent_Eircode»

<<Month Year>>

Dear «PCG_Fn»,

As you may remember, your family has been part of the **Growing Up in Ireland** study over the last number of years. About 4 years ago, when your child was 9 years old, we visited you in your home to interview your family about how you were getting on. Because of the times in which we are now living, we are not able to visit you in person. Instead, we would like to talk to you by telephone and also ask you to give us some information through a web survey.

We know that this has been a difficult and challenging time for many people, but we really do hope that you will be able to help us by taking part in the survey. It is more important than ever before for policy-makers and service-providers to understand how things are for young people and their families.

Growing Up in Ireland is a Government study designed to help researchers understand the main issues facing children and young people in Ireland. In this way, it is helping to provide advice to the government on key decisions about future policies and services.

Growing Up in Ireland is funded by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and the Department oversees and manages it in association with the Central Statistics Office (CSO). The survey is being carried out for Government by a group of independent researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin.

Growing Up in Ireland is carried out under Section 24 of the Statistics Act (1993). This Act guarantees the confidentiality of information provided in the survey questionnaires. It also means that the information can only be used for statistical research purposes. By 'statistical research purposes', we mean that information on a large number of children and families will be combined to give an overall picture of their lives.

Taking part in Growing Up in Ireland is entirely voluntary. You can decide to take part in the survey. You can also decide to change your mind and withdraw from the survey at any time – even after you have completed the survey. If there is any question you do not wish to answer, you do not have to do so.

Please review the enclosed information sheet for more details, including the kinds of questions you and your 13-year-old will be asked.

An interviewer will contact you by telephone over the next few weeks to explain in more detail what is involved and to answer any questions you may have. In the meantime, if you have any queries about the study or your involvement in it, please contact us at growingupat13@esri.ie.

Yours Sincerely



Professor Emer Smyth
Principal Investigator



An Roinn Leanaí, Comhionannais,
Míchumais, Lánpháirtíochta agus Oige
Department of Children, Equality,
Disability, Integration and Youth



An
Phríomh-Oifig
Staidrimh

Central
Statistics
Office



Trinity
College
Dublin
The University of Dublin

Information for Parents and Guardians

1. Why are we contacting you?

Your 13-year-old was one of more than 11,000 children and their families who first took part in the *Growing Up in Ireland* (GUI) survey when the children were nine months of age in 2008/09. *Growing Up in Ireland* follows the progress of the same group of children over time. Government and others are using this information to help improve our understanding of all aspects of the lives of children, young people and their families.

We would like to interview you and your child again in the next few weeks (at a time which suits your family) to find out how they have grown and changed over recent years.

Just as before:

- Taking part in the study is voluntary.
- Your participation will play a major role in the success of *Growing Up in Ireland*.
- We hope that you can support us with this important work, and we would like to thank you, in advance, for your help.

2. Who is running the study?

Growing Up in Ireland is funded by Government through the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). It is overseen and managed by the DCEDIY in association with the Central Statistics Office (CSO). The study is being carried out for DCEDIY by a group of independent researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin. As part of the survey this year, the Central Statistics Office is hosting a web survey.

The interviewer who will telephone you is from the ESRI. Each interviewer has been specially trained for *Growing Up in Ireland* and has been vetted by An Garda Síochána and appointed as an Officer of Statistics by the CSO. The people running the study are committed to protecting the welfare of children and follow the Children First Guidance, 2017.

You can check the identity of your interviewer or let us know if you were unhappy with the way the interview was conducted by contacting us at growingupat13@esri.ie.

3. What is the purpose of the study?

Growing Up in Ireland is the first and most important study of its kind ever to take place in this country. The purpose of the study is to improve our understanding of all aspects of the lives of children and young people and their development. It will build a bank of information which will:

- Tell us how children and young people 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 children think of their own lives and learn what it means to be a child growing up in Ireland.
- Provide information which will help Government to make good decisions about issues relating to children and young people.

4. What does taking part involve?

An interviewer will contact you in the coming weeks to let you know what is involved in the survey, answer any questions you may have and to arrange to interview you and your 13-year-old, with your consent. If you live with a spouse or partner, we would also like to interview them as well. The interviews will be conducted by telephone and will last about 50 minutes for you, 20 minutes for your spouse or partner (where relevant) and 35 minutes for your 13-year-old. We would also like to ask your 13-year-old to complete a short word and memory task on the telephone. The interviews can be scheduled at a time convenient for you.

There will be a very short (10 minutes) follow-up web survey for both you and your child (and if you live with a spouse or partner, for them as well). Your interviewer will explain what is involved and how to access the web survey.

5. How we deal with issues of confidentiality

Information in the GUI survey is collected under section 24 of the Statistics Act (1993). This Act provides a legislative basis for the compilation and dissemination of official statistics by the Central Statistics Office. It ensures that the information you provide can only be used for statistical purposes. Your personal data will remain strictly confidential and will not be disclosed to anyone outside of the GUI Study.

Your answers to the survey questions will be saved on a computer and combined with answers from thousands of other parents and young people. The information can only be used for statistical purposes. Reports based on the information collected by GUI will not include any information that would identify you or your family.

However, if an interviewer observes something or is told something outside the answers given to the direct survey questions which causes them to have serious concerns for the welfare of a child, or other vulnerable person, they may have to tell someone who could help.

The information given by your 13-year-old in answer to the questions on the survey and their response to the word and memory task will not be seen by anyone else in your family – not even you will have access to it. The information will be used only for statistical research purposes. Individual results will not be seen by you or anyone outside the GUI Study Team. Similarly, other participants such as your partner will not see the information you give to us. You can find more information about your rights in the Privacy Statement by following the links on the Information for Participants section of the ***Growing Up in Ireland*** website (See Where can I find more information, below).

In order to make the best use of the information you provide, the Central Statistics Office, operating under the strictest controlled procedures in line with the Statistics Act and the General Data Protection Regulation (GDPR), may match your data to other types of information. This would only be done for statistical research purposes and the results of the analysis will not in any way allow you or your family to be identified.

More information on the CSO data policies can be found via the links on the Information for Participants section of the ***Growing Up in Ireland*** website (See Where can I find more information, below).

6. Participation is voluntary

You and your family do not have to take part in this study, though your participation would really help make sure that the voices of people like you are heard by policy-makers and those providing services to families and young people.

You can also decide to change your mind and withdraw from the survey at any time – even after you have completed the survey. If there is any question you do not wish to answer, you do not have to do so.

Whether you take part in the survey or if you decide not to take part, it will in no way affect any health, educational or social care benefit which you or your family will receive from the State.

7. What kind of questions will my family be asked?

This interview will be similar to our last interview, but shorter. We will ask you, and your spouse or partner, questions about things like your 13-year-old's health, education and activities and your relationship with them. We will also ask you some questions about your own health, relationships, how you have been feeling lately, work and family life.

The questions are straightforward, though some are quite detailed. Some will address relatively sensitive issues, like your family's income, family life and (if you live with a spouse or partner) your relationship with them. You can choose to skip over any of the questions if you do not wish to answer them. The interviewer will be able to help if you have any concerns or questions about the survey questionnaire itself.

8. What kind of questions will my 13-year-old be asked?

The 13-year-olds, with your permission, will be asked questions about their home and school life; their interests and the activities they enjoy; and their relationship with you, siblings and friends. They can choose not to answer some (or all) questions if they want to. We would also like to ask your 13-year-old to complete a short word and memory task on the telephone. This is a standard assessment of ability used widely in research with children. It is straightforward to complete.

If you would like to see the questions before your 13-year-old is interviewed, the interviewer can talk to you in more detail about what is covered. You can also find more details on the Information for Participants section of the **Growing Up in Ireland** website (See Where can I find more information, below).

There is a separate web survey for the 13-year-olds with more sensitive questions, such as questions about relationships and sexuality, anti-social behaviour, how they have been feeling recently, bullying, cigarettes, alcohol and other substances and how they get on with the main person who looks after them. If you would like to review these questions before deciding whether to consent to your 13-year-old completing them, your interviewer can provide more details. We want to make sure that as many 13-year-olds as possible take part and have a voice in the **Growing Up in Ireland** study, but you can choose not to have your 13-year-old complete these questions if you prefer.

9. Where can I find more information?

- Freephone: 1800 314 016
- Email: growingupat13@esri.ie
- Website: Visit www.growingup.ie
- **Growing Up in Ireland** Information for Participants: go to the website (www.growingup.ie) and either click on the red button at the top of the home page or open the 'menu' if viewing on a smartphone.
- Post: **Growing Up in Ireland**, Economic & Social Research Institute, Whitaker Square, Sir John Rogerson's Quay, Dublin 2, D02 K138
- Social Media: To find out about what researchers have discovered so far please follow us on social media:



https://www.instagram.com/growing_up_in_ireland/



[@GrowingUplre](https://twitter.com/GrowingUplre)

When they were 9 . . .

Here are a few highlights from the age 9 survey in 2017/18:

If 9-year-olds had a problem they would talk to . . .

Someone else

Sibling Dad

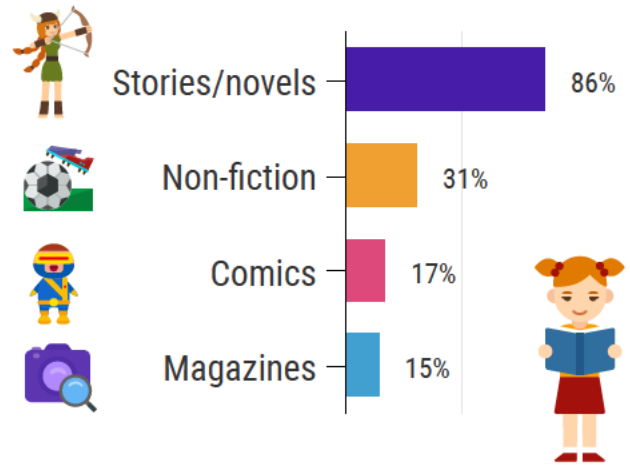
Mum

Friends Teacher

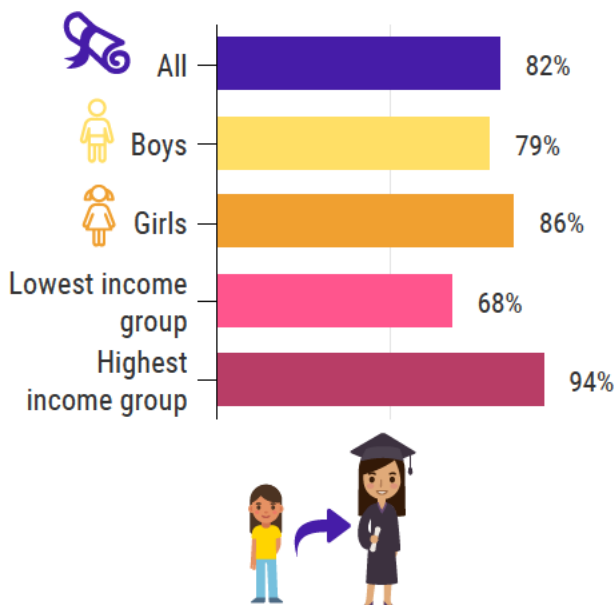
Grandparent

Note: The bigger the word, the more children who chose that answer

What 9-year-olds like to read for fun



How many parents expected their 9-year-old to eventually get a degree



Chores that 9-year-olds 'often' do to help at home





Information for Young Person

1. Why are we contacting you?

You may remember that when you were younger, an interviewer from *Growing Up in Ireland* called to your home to ask you some questions about what your life was like. The interviewer also spoke to your parents 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 few years. You are much older now, have changed schools and probably have some different interests and hobbies. We would like to find out about some of these changes.

This information sheet will remind you 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 taking part in the survey!

2. What's *Growing Up in Ireland* all about?

Growing Up in Ireland is a very important Government survey that aims to find out what life is like for children growing up in Ireland. We are a team of researchers called the *Growing Up in Ireland* Study Team, and we are carrying out the *Growing Up in Ireland* survey for the Government.

In 2008 11,000 infants were chosen at random to be part of *Growing Up in Ireland* – and you are one of them. Since then we have collected information about you at different ages. Returning to the same young people to interview them every few years gives us a really complete picture of what life is like for them. Now that you are 13, we would like to collect information again and see how things have changed as you have grown.

If you and your parent/guardian agree, the interviewer will ask you some questions on the telephone about your family and school life, your activities and your friends. The interviewer will also ask you to complete a short word and memory task on the telephone. We will also ask you to fill in a short web survey, if you and your parent/guardian agree to this.

3. How does *Growing Up in Ireland* help young people?

Growing Up in Ireland is a really important survey. It collects information that will help the Government to understand children's lives better. This information will also help Government to make good decisions about things that affect children and young people and things that will help improve their lives.

4. Why was I chosen?

All the young people taking part in *Growing Up in Ireland* were chosen at random in 2008 when they were 9-months-old. This was the best way to make sure we included children from different kinds of families and from different parts of the country. This gives us a good picture of what it is like to be growing up in every part of Ireland.

5. What does *Growing Up in Ireland* tell us?

The survey gives us lots of information about the lives of children and young people. For example, it gives us information about your health, your interests and activities, your education, how you feel about your life, and your relationships with your family and friends.



6. Can anyone else see my information?

Your privacy is important to us. Because we collect your answers under the Statistics Act 1993, all the answers you give us in the **Growing Up in Ireland** survey are protected by law. All the information you give us in answer to your questions on the **Growing Up in Ireland** survey is collected by people who are Officers of Statistics under the Statistics Act 1993. We are forbidden to use these answers, other than for producing statistics, without your written agreement. Only a small number of Officers of Statistics will be able to see your answers. Your name and other personal details will never appear in any reports from the survey. You also have important data protection rights which control how we can use your personal information and your answers to the survey. You can read about these rights, how you can use them, and who to contact about them at <https://www.cso.ie/en/methods/tn/growingupinireland/>.

Your parents or guardians have been told that no-one, including them, can see your answers in the survey, and they agreed to this when consenting to your participation in the survey. Under data protection law you have a right to see information about yourself (including your answers to the GUI survey). Because you are under 18, the law allows your parents or guardians to help you to do this, if you need them to. If your parents or guardians contact us on your behalf to ask for a copy of your answers to the questions, we will ask if you would prefer to seek this information yourself or if you consent to us sharing your answers with your parents or guardians. If you do not consent and your parents or guardians still want to see your answers, they can ask the Data Protection Commissioner who oversees these issues. It is also possible that a court may have to decide if your parents should see your data and the court will make this decision having considered your rights, your parents'/guardians' rights and your best interests. Once you reach the age of 18 you will be the only person who can ask for your answers.

While we respect the privacy of the information you share with us, if the interviewer sees, hears or is told something by you outside of your answers to the direct survey questions, which causes them to have serious concerns for your welfare, or that of another child or vulnerable person, they might have to tell someone who could help. This person could be a Garda or social worker who is responsible for protecting children.

In order to make the best use of your answers to the survey questions, this information may be matched to other statistical information we hold. This is only allowed under strictly controlled procedures. The information may only be used for statistical research purposes and will not in any way allow you or your family to be identified.

7. What are my rights if I take part?

You can decide to take part in the survey. You can also decide to change your mind and withdraw from the survey 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.

You can find more information about your rights in the Privacy Statement which can be found by going to the Information for Participants section of the **Growing Up in Ireland** website (www.growingup.ie).

8. Your participation counts!

Taking part in **Growing Up in Ireland** is voluntary. The participation of young people like you plays a major role in its success. It is only by carrying out research like this that we can understand what it is like to be a young person in Ireland today and how Government can help make life better.

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.

9. Where can I find out more information?





- Freephone: 1800 314 016
- Email: growingupat13@esri.ie
- You can also find more details on the Information for Participants section of the website: www.growingup.ie and either click on the red button at the top of the home page or open the 'menu' if viewing on a smartphone.

Support Services for Parents: Useful Information and Contact Details




This is a list of the main support organisations which can help parents deal with a range of issues. We are giving you this information sheet in case you have any further questions about some of the issues raised in the course of the survey. If you have any questions about the **Growing Up in Ireland** study, please contact the Study Team by email: growingupat13@esri.ie.

General

Barnardos works directly with families and children providing support with well-being, separation, domestic abuse, death, bullying, drugs and alcohol.


-  1850 222 300 and 01 4549699 (general enquiries)
-  1800 910 123 (Covid-19 telephone support service: 10am to 2pm Monday to Friday)
-  info@barnardos.ie
-  www.barnardos.ie/resources/young-people, and <https://www.barnardos.ie/our-services/service-by-location>

Parent-Line is a resource for parents that provides support, guidance, courses and information on all aspects of parenting.




-  LoCall 1890 927 277 or 01 8733500 (Monday – Thursday 10am to 9.00pm and Friday 10am to 4.00pm). This is both a helpline and a booking facility for face to face appointments.
 -  www.parentline.ie
 -  info@parentline.ie
- twitter.com/ParentlineIre

Alcohol/Drugs




Drugs.ie is a website that provides information on drugs and alcohol with sections for both teens and parents. It lists services such as treatment and rehabilitation available in each county.

-  www.drugs.ie, with an extensive directory available at: <http://www.services.drugs.ie/>


The HSE Drugs and Alcohol Helpline is a free, active listening helpline and email support service offering non-directive support, information, guidance and referral to anyone with a question or concern related to substance abuse. They take calls from people with a concern in relation to themselves, their family or their friends. They can also be contacted by email.

-  freephone 1800 459 459 (Monday – Friday, 9.30am to 5.30pm)
-  helpline@hse.ie
-  <https://www.hse.ie/eng/services/list/5/addiction/>




Al-Anon offers understanding and support for families and friends of problem drinkers in an anonymous environment. At AlAnon Family Group meetings, the friends and family members of problem drinkers share their experiences and learn how to apply the principles of the AlAnon program to their individual situations.

-  01-873 2699 (10am – 10pm every day)
-  info@alanon.ie
-  www.alanon.ie

National Family Support Network is a Support group for family members that offers a list of local / regional networks and Family Resources Centres.

-  01 898 0148
-  info@fsn.ie
-  fsn.ie

Rise Foundation offers family programmes and one-to-one counselling for family members affected by addictive behaviour.

-  01 764 5131
-  support@therisefoundation.ie
-  therisefoundation.ie



Gambling

Gamblers Anonymous (G.A.) is a fellowship of men and women who share their experience with each other to solve their common problem and help others to recover from a gambling problem. Their website contains a link to local G.A. meetings. The site also lists **Gam-Anon** meetings for family and friends who have been affected by somebody's gambling problem.

- | | |
|---|---|
|  www.gamblersanonymous.ie |  info@gamblersanonymous.ie |
|  Dublin: 087-748 5878 (10am – 10pm) |  Tipperary: 085-783 1045 |
|  Cork: 087-285 9552 |  Waterford: 087-185 0294 |
|  Galway: 086-349 4450 or email: galwayga@gmail.com |  Kerry: 087-426 6633 |


Physical and Mental Health

The Samaritans is a 24-hours a day, 365 days a year support service for anyone who is experiencing feelings of distress or despair, including those who have thoughts of suicide, and want someone to talk to. Their website lists the addresses and opening hours of their nationwide branches. They also provide a free-phone number that can be called from anywhere in the Republic of Ireland.



-  Freephone 116 123
-  jo@samaritans.ie
-  www.samaritans.org/ireland/samaritans-ireland

Your Mental Health Information Line is a phone service you can call anytime – 24hours a day.

A member of the team can tell you about: - the mental health supports and services available to you
- how to access different services provided by the HSE and their funded partners

-  Freephone 1800 111 888

The following websites also provide mental health advice and support:

-  www.jigsaw.ie
-  www.aware.ie




The B4udecide website provides advice for both parents and teens on things like relationships, contraception and sexually transmitted infections.

-  www.b4udecide.ie



Text 50808, funded by HSE provides everything from a calming chat to immediate support. It is a free 24/7 text service, where you connect with a trained Crisis Volunteer.

Text HELLO to 50808.

Pieta House is a suicide prevention service. They offer counselling in centres around Ireland and have a 24/7 crisis helpline.




-  Freephone 1800 247 247
- Text HELP to 51444
-  www.pieta.ie/how-we-can-help/helpline
-  call 0818 111 126 to make an appointment with a therapist

Healthpromotion.ie provides health advice on a range of topics such as healthy eating, smoking cessation and heart health. It also lists contact numbers for HSE Health Promotion & Improvement Offices in all counties.




-  healthinfo@hse.ie
-  www.healthpromotion.ie

Crime




The Crime Victims Helpline provides support to victims of crime in Ireland. Their aim is to support, inform and empower victims of crime. They can provide information about the criminal justice system and make referrals to other resources in your local community.

-  Freephone 116 006 (Monday, Wednesday, Friday 10am to 5pm, Tuesday, Thursday 10am to 6.30pm Saturday & Bank Holidays 2pm to 4pm, Sunday - closed) or Text 085 133 7711
-  info@crimevictimshelpline.ie
-  www.crimevictimshelpline.ie



The Dublin Rape Crisis Centre offers support services around sexual abuse issues, e.g. counselling and accompaniment services. Their website provides links to Rape Crisis Centres around Ireland listing the contact details and websites of each centre. The national helpline number takes calls from anywhere in the country and operates 24 hours a day, 365 days a year.


-  Freephone 1800 778 888
-  counselling@rcc.ie
-  www.drcc.ie

Men's Aid provides support services for male victims of domestic abuse.

-  General: 01-539 4277/ Confidential national support line: 01-554 3811 (Monday –Friday, 9am to 5pm)
-  Hello@mensaid.ie
-  www.mensaid.ie

Women's Aid provides support services for female victims of domestic abuse.

-  Freephone 1800 341 900 (Available 24/7)
-  helpline@womensaid.ie

-  www.womensaid.ie - an instant messaging service is available on the website 7 nights a week from 7pm to 10pm.

During the COVID19 crisis the messaging service is also available Mon to Fri 10am to 1pm, Sat 12pm to 3pm, Sun 11am to 1pm.

If you would like more information on *Growing Up in Ireland*, please contact us by email: growingupat13@esri.ie

Note: You should always inform TUSLA if you have reasonable grounds for concern that a child may have been, is being, or is at risk of being abused or neglected. You can report your concern in person, by telephone or in writing to the local social work team in the area where the child lives. You can find contact details for social work teams and more information about reporting a concern at: <https://www.tusla.ie/children-first/parents-and-guardians/how-do-i-report-a-concern-about-a-child>. If a child is in danger outside office hours or is in immediate danger you can contact the Gardaí: 999 or 112.

Support Services for Young People: Useful Information and Contact Details

This is a list of the main support organisations which can help young people deal with a range of issues. We are giving you this information sheet in case you have any further questions about some of the issues raised in the course of the survey.

If you have any questions about the **Growing Up in Ireland** study, please contact the Study Team by email: growingupat13@esri.ie.

General

Child-Line gives support to young people through a free-phone 24-hour listening service. They also have lots of information about issues such as depression, disability, eating disorders and gender identity on their website.

☎ 1800 666 666 or text 'talk' to 50101

💻 www.childline.ie

Teen-Line is a free-phone service available 24-hours a day, 365 days a year. Teen-Line Ireland's volunteers are ordinary, every-day people who understand that young people need to be heard – they volunteer to listen.

☎ 1800 833 634 or text 'talk' to 50101

💻 www.ispcc.ie/teenline

Changing Futures is a website for young people made by young people with experience of TUSLA services. It has a section for 10-15yr olds that has advice on what to do if you are worried about something.

☎ 0818 776 315 (Monday – Friday 9am to 5pm), Text or WhatsApp 086 014 2775

💻 www.changingfutures.ie/10-15/are-you-worried

Alcohol/Drugs

Drugs.ie is a website that provides information on drugs and alcohol with sections for both teens and parents. It lists services such as treatment and rehabilitation available in each county.

💻 www.drugs.ie

The HSE Drugs and Alcohol Helpline is a free, active listening helpline and email support service offering non-directive support, information, guidance and referral to anyone with a question or concern related to substance abuse. They take calls from people with a concern in relation to themselves, their family or their friends. They can also be contacted by email.

☎ 1800 459 459 (Monday – Friday, 9.30am to 5.30pm)

✉ helpline@hse.ie

💻 www.hse.ie/eng/services/list/5/addiction/

Al-Anon offers understanding and support for families and friends of problem drinkers in an anonymous environment. At AlAnon Family Group meetings, the friends and family members of problem drinkers share their experiences and learn how to apply the principles of the AlAnon program to their individual situations.

☎ 01-873 2699 (10am – 10pm every day)

✉ info@alanon.ie

💻 www.alanon.ie

Physical and Mental Health

The Samaritans is a 24-hours a day, 365 days a year support service for anyone who is experiencing feelings of distress or despair, including those who have thoughts of suicide, and want someone to talk to. Their website lists the addresses and opening hours of their nationwide branches. They also provide a free-phone number that can be called from anywhere in the Republic of Ireland.

☎ Freephone 116 123

✉ jo@samaritans.ie

💻 www.samaritans.org/ireland/samaritans-ireland


The following websites also provide a lot of advice and support about mental health:

 www.jigsaw.ie

 www.aware.ie

Your Mental Health Information Line is a phone service you can call anytime – 24hours a day. A member of the team can tell you about:

- the mental health supports and services available to you
- how to access different services provided by the HSE and our funded partners

 Freephone 1800 111 888

The B4udecide website provides lots of advice for both parents and teens on things like relationships, contraception and sexually transmitted infections.

 www.b4udecide.ie

Text 50808 is a free 24/7 text service, where you connect with a trained Crisis Volunteer. Text HELLO to 50808.

Pieta House is a suicide prevention service. They offer counselling in centres around Ireland and have a 24/7 crisis helpline.

Freephone 1800 247 247

Text help to 51444

Healthpromotion.ie provides health advice on a range of topics such as healthy eating, smoking cessation and heart health. It also lists contact numbers for HSE Health Promotion & Improvement Offices in all counties.


 healthinfo@hse.ie

 www.healthpromotion.ie

LGBT Ireland provides lots of advice on topics such as coming out and gender expression. The site gives details of LGBT+ support groups around the country. There is a confidential instant messaging page which is available every evening.


 www.lgbt.ie


 info@lgbt.ie

 1890 929 539 – LGBT Helpline

 01 907 3707 – Transgender Family Support Line

Bodywhys is the national organization supporting people affected by eating disorders. Their website gives details on the services they offer – a helpline, support groups around the country (a group for people with eating disorders and another for families and friends), online support groups, teen only online support groups and email support.


 01-210 7906 (Mon, Wed & Sunday evening 7.30pm - 9.30pm and Saturday 10.30am - 12.30pm)

 alex@bodywhys.ie

 www.bodywhys.ie

Crime


The Crime Victims Helpline provides support to victims of crime in Ireland. Their aim is to support, inform and empower victims of crime. They can provide information about the criminal justice system and make referrals to other resources in your local community.

 Freephone 116 006 or Text 085 133 7711 (Mon, Wed, Fri 10am - 5pm; Tues, Thurs 10am –6.30pm, Sat & Bank Holidays 2pm – 4pm, Sunday - closed)


 info@crimevictimshelpline.ie

 www.crimevictimshelpline.ie

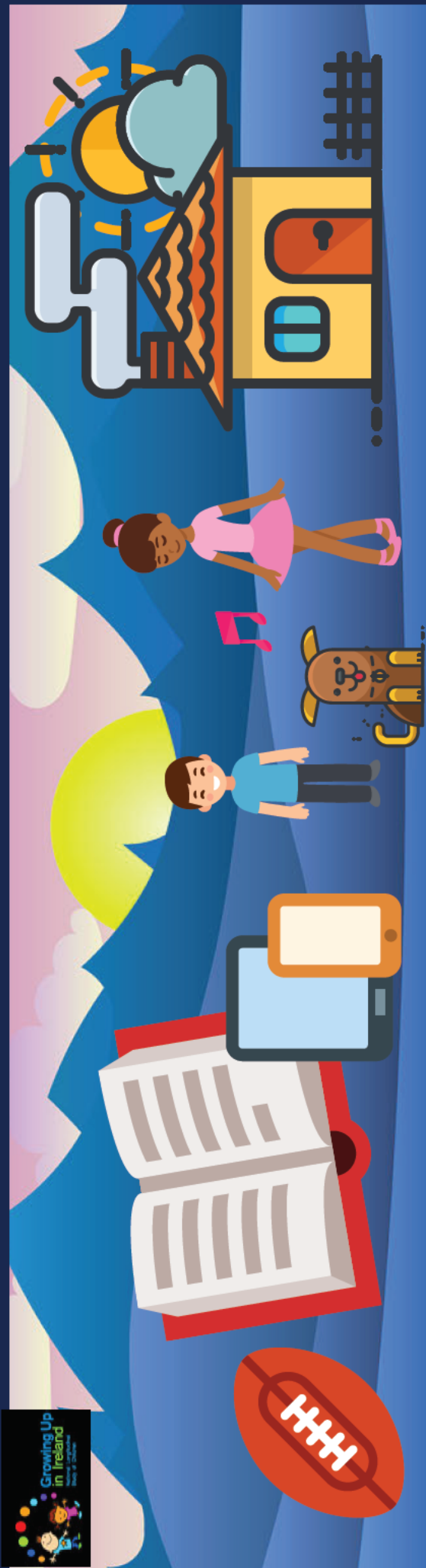
CARI (Children at Risk in Ireland) provides therapy and support for children affected by child sexual abuse, e.g. child and adolescent therapy, parental support and court accompaniment. Their helpline service operates Mon – Fri, 9.30am - 5.30pm.

 Locall 1890 924 567

 helpline@cari.ie

 www.cari.ie

If you would like more information on *Growing Up in Ireland*, please contact us by email: growingupat13@esri.ie



The story of being 9 years old



Organised activities

The most popular organised activities for 9-year-olds involved sport: two-thirds were part of a team.

One-third took part in music or dance activities.



Favourite activity

Football was the most popular activity for boys (and 10% of girls).

Girls were more likely to prefer reading and writing or crafts.



Using the internet

At age 9 years, playing games and watching YouTube videos were the most popular reasons for using the internet (8-out-of-10 children).

Over half used it to search for information.



Helping at home

Many 9-year-olds did chores to help around the home.

They did jobs like hoovering/cleaning, washing the dishes or helping with younger siblings and pets (if they had some).



School subjects

'Reading' was the most popular subject: 6-out-of-10 said they "always liked" it.

Nearly half said they "always liked" Maths but just 22% "always liked" Irish.

Telephone Interview (CATI) Consent Checklist for Primary (PCG) and Secondary Caregivers (SCG) – Cohort '08 at 13

Note: Text in blue is an instruction to the interviewer; black italicised text is the script read out to the PCG or SCG, to which the interviewer recorded a response. The same script was used for both the PCG and SCG, apart from the boxed section.

Start of CATI consent program

(interviewer) Please confirm that you have discussed the Information Sheet and consent with the PCG.

Have you read the Information Sheet we posted to you or have you accessed the Information for Participants section on the GUI website? (Yes, No)

Was there anything on the Information Sheet that you did not understand, or do you have any questions you would like to ask me about your participation in Growing Up in Ireland? (Yes, No)

(interviewer) Answer any questions respondent might have. If you are not sure of the answer tell respondent you will check with Head Office and call them back.

Would you like some time to visit the GUI website to read the Information Sheet and / or watch the Information video? I can text you the link now and can call back later to do the interview? (Yes, No)

(interviewer) If yes, text the link to the website to the respondent now and arrange a time to call back. Or tell them to visit the website at www.growingup.ie and either click on the red button at the top of the home page or open the 'menu' if viewing on a smartphone.

Would you like me to read out the full Information Sheet for you now, or I can go over the main points from the Information Sheet with you? (Full, Main points)

(interviewer) If respondent says they do not want you to read out any of the Information sheet tell them:

Ethically, I need to just go over the main points with you to ensure we have your full informed consent to participate in the study, it will only take a few minutes

(interviewer) If respondent wishes to hear the full information sheet, read out the following:

We are contacting you because you and your 13-year-old have taken part in the Growing Up in Ireland (GUI) study for several years. Your participation is important to the success of the study.

Growing Up in Ireland is funded by the government and carried out by a group of researchers led by the Economic and Social Research Institute

(ESRI) and Trinity College Dublin. The study aims to improve our understanding of all aspects of the lives and development of children and young people to inform policy to provide better supports and services for them.

We are now asking for your help to understand the experiences of young people and their families at this unprecedented time, in the wake of the Covid-19 pandemic. We are asking you to complete a telephone survey with an interviewer and a short (about ten minutes) online survey. We are also asking for your consent to your 13-year-old taking part in a telephone and web survey.

Information collected in the survey is covered by the Statistics Act, 1993. It is used only to produce statistical analysis and is treated in the strictest confidence.

'Statistical analysis' means combining information on a large number of children and families to give an overall picture of their lives.

The researchers who look at all of the answers together will not be able to link your answers back to you.

However, if you tell us something outside the answers given to the direct survey questions which causes us to have serious concerns for the welfare of a child, or other vulnerable person, we may have to tell someone who could help.

You may request access to the information about you on the questionnaires which you complete.

You will not have access to any information provided by your 13-year-old.

You can decide to take part in the survey. You can also decide to change your mind and withdraw from the survey at any time - even after you have completed the survey.

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

We will ask you - and your spouse or partner, if relevant - questions about your 13-year-old's health, education and activities and your relationship with them. We will also ask you some questions about your own health, relationships, how you have been feeling lately, work and family life. You can choose not to answer some (or all) questions if you want to.

You will be asked for your consent for your 13-year-old to participate in the survey. An interviewer will ask them questions over the phone about their home and school life; their interests and activities; and their relationship with you, with siblings and friends. Then they will be asked to complete a short web survey with more sensitive questions, such as about relationships and sexuality, anti-social behaviour, how they have been feeling recently, bullying, cigarettes, alcohol and other substances, and how they get on with the main person who looks after them.

To ask a question or find more information, you can Freephone 1800 314 016 or email growingupat13@@esri.ie.

(interviewer) OR if respondent wishes to hear just the main points from the information sheet, read out the following:

Your participation is important to the success of the study.

Growing Up in Ireland is funded by the government and carried out by a group of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin.

We are asking you to complete a telephone survey with an interviewer and a short (about ten minutes) online survey.

We are also asking for your consent to your 13-year-old taking part in a telephone and web survey.

Information collected in the survey is covered by the Statistics Act, 1993. It is used only to produce statistical analysis and is treated in the strictest confidence.

However, if you tell us something outside the answers given to the direct survey questions which causes us to have serious concerns for the welfare of a child, or other vulnerable person, we may have to tell someone who could help.

You may request access to the information about you on the questionnaires which you complete. You will not have access to any information provided by your 13-year-old.

You can withdraw from the survey at any time - even after you have completed the survey.

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

To ask a question or find more information, you can Freephone 1800 314 016 or email growingupat13@@esri.ie.

(for all)

Now I need to formally record your consent to participate in the study: Do you consent to take part in the Growing Up in Ireland survey? (Yes, No)

(interviewer) please enter your name here as witness to the consent.

End of CATI consent program

Telephone Interview (CATI) Consent Checklist for Young Person – Cohort '08 at 13

Note: Text in blue is an instruction to the interviewer; black italicised text is the script read out to the Young Person to which the interviewer recorded a response

Start of CATI consent program

(interviewer) Please confirm that you have discussed the Information Sheet with the Young Person.

Have you read the Information Sheet we posted to you or have you accessed the Information for Participants section on the GUI website? (Yes, No)

Was there anything on the Information Sheet that you did not understand, or do you have any questions you would like to ask me about your participation in Growing Up in Ireland? (Yes, No)

(interviewer) Answer any questions respondent might have. If you are not sure of the answer tell respondent you will check with Head Office and call them back.

Would you like some time to visit the GUI website to read the Information Sheet and / or watch the Information video? I can text you the link now and can call back later to do the interview? (Yes, No)

(interviewer) If yes, text the link to the website to the respondent now and arrange a time to call back. Or tell them to visit the website at www.growingup.ie and either click on the red button at the top of the home page or open the 'menu' if viewing on a smartphone.

Would you like me to read out the full Information Sheet for you now, or I can go over the main points from the Information Sheet with you? (Full, Main only)

(interviewer) If respondent says they do not want you to read out any of the Information sheet tell them: *Ethically, I need to just go over the main points with you to ensure we have your full informed consent to participate in the study, it will only take a few minutes*

(interviewer, if respondents asks for full information sheet to be read out, use the following text):
You might remember an interviewer from Growing Up in Ireland coming to speak to you and your family when you were about 9 years old. Now we would like you to complete a telephone interview and a short web survey to let us know how you have been getting on since then. If your parent or guardian is happy for you to take part, they will talk to you about this.

Growing Up in Ireland is an important government study that returns to the same young people to interview them every few years. This gives us a complete picture of what life is like for them.

Growing Up in Ireland aims to improve our understanding of the lives of children and young people so that better supports and services can be provided for them.

All the young people of your age taking part in Growing Up in Ireland were chosen at random in 2008 when they were 9 months old.

Your answers to the survey will help us understand the lives of young people like you: your health, your interests and activities, your education, how you feel about your life, and your relationships with your family and friends.

Your privacy is important to us.

We collect your answers under the Statistics Act 1993, and they will only be used for producing statistics. Your name will never appear in any reports from the survey.

Your parents or guardians have been told that no-one, including them, can see your answers. If your parents or guardians contact us on your behalf to ask for a copy of your answers to the questions, we will ask if you would prefer to seek this information yourself or if you consent to us sharing your answers with your parents or guardians.

If you do not consent and your parents or guardians still want to see your answers, they can ask the Data Protection Commissioner who oversees these issues.

It is also possible that a court may have to decide if your parents should see your data and the court will make this decision having considered your rights, your parents'/guardians' rights and your best interests. Once you reach the age of 18 you will be the only person who can ask for your answers.

While we respect the privacy of the information you share with us, if we see, hear or are told something by you outside of your answers to the direct survey questions, which causes us to have serious concerns for your welfare, or that of another child or vulnerable person, we might have to tell someone who could help.

Your answers may be matched to other statistical information we hold, under strictly controlled procedures, for research purposes only.

You can decide to take part in the survey. You can also decide to change your mind and withdraw from the survey at any time - even after you have completed the survey. If there is any question do not wish to answer, you do not have to do so.

Your participation counts! Young people like you play a major role in the success of Growing Up in Ireland. Taking part in the survey is your chance to let researchers and the government know what life is like for you.

To ask a question or find more information, you can Freephone 1800 314 016 or email growingupat13@@esri.ie.

(interviewer, OR if respondent asks for main points only, read the following text):

Growing Up in Ireland is an important government study that returns to the same young people to interview them every few years.

Your privacy is important to us.

We collect your answers under the Statistics Act 1993, and they will only be used for producing statistics. Your name will never appear in any reports from the survey.

Your parents or guardians have been told that no-one, including them, can see your answers. If your parents or guardians contact us on your behalf to ask for a copy of your answers to the questions, we will ask if you would prefer to seek this information yourself or if you consent to us sharing your answers with your parents or guardians.

If you do not consent and your parents or guardians still want to see your answers, they can ask the Data Protection Commissioner who oversees these issues.

It is also possible that a court may have to decide if your parents should see your data and the court will make this decision having considered your rights, your parents'/guardians' rights and

your best interests. Once you reach the age of 18 you will be the only person who can ask for your answers.

While we respect the privacy of the information you share with us, if we see, hear or are told something by you outside of your answers to the direct survey questions, which causes us to have serious concerns for your welfare, or that of another child or vulnerable person, we might have to tell someone who could help.

Your answers may be matched to other statistical information we hold, under strictly controlled procedures, for research purposes only.

You can decide to take part in the survey. You can also decide to change your mind and withdraw from the survey at any time - even after you have completed the survey. If there is any question do not wish to answer, you do not have to do so.

Taking part in the survey is your chance to let researchers and the government know what life is like for you.

To ask a question or find more information, you can Freephone 1800 314 016 or email growingupat13@@esri.ie.

(for all)

Now I need to formally record your assent to participate in the study. Do you consent to take part in the Growing Up in Ireland telephone-based interview? The interview will include questions about your home and school life; your interests and the activities you enjoy; and your relationship with your parents, siblings and friends? (Yes, No)

(interviewer - please enter your name here as witness to the consent)

Do you consent to take part in a sensitive web-based survey? The survey will include more sensitive questions, such as questions about relationships and sexuality, anti-social behaviour, how you have been feeling recently, bullying, cigarettes, alcohol and other substances and how you get on with the main person who looks after you. (Yes, No)

(Interviewer - please enter your name here as witness to the consent)

End of CATI consent program



An Institiúid um Thaighde Eacnamaíochta agus Sóisialta
Cearnóg Whitaker, Cé Sir John Rogerson, Baile Átha Cliath 2

The Economic and Social Research Institute
Whitaker Square, Sir John Rogerson's Quay, Dublin 2, D02 K138

(353 -1) 8632000

www.esri.ie

admin@esri.ie



<Date>

Re. **Growing Up in Ireland**

Dear Principal,

We are writing to ask for your assistance in a major national study of children and young people in Ireland - **Growing Up in Ireland**. We know these are challenging times for schools but would like to highlight the value of your contribution to this important research study.

Growing Up in Ireland is the national longitudinal study of children funded by Government through the Department of Children, Equality, Disability, Integration and Youth. It looks at the development and well-being of children and young people, and examines how they are doing in all aspects of their lives. Information collected by **Growing Up in Ireland** is being used to assist in developing policies and services which will ensure that *all* children in Ireland will have the best possible start in life.

This current wave of **Growing Up in Ireland** involves interviewing 8,500 13-year-olds and their families in their own homes. As most of the young people are now in second-level education, we would like to collect details about the schools they are attending. It would therefore be of great assistance to us if you would complete the enclosed questionnaire and return it in the pre-paid envelope. The questionnaire is entirely about your school. It does not require any details on individual students from your school who may be taking part in **Growing Up in Ireland**.

The young people in **Growing Up in Ireland** were originally selected at random from the Child Benefit register when they were nine months old. They and their families have been interviewed at three, five, seven and nine years of age. They have now dispersed to almost every second-level school in the country. All principals at second-level schools are being asked to complete the questionnaire so that we can match the information on the schools being attended by the young people with the information we collect from them and their families in their own homes. This will help us better understand the factors influencing young people's educational experiences and outcomes in relation to other home and community factors.

We realise a questionnaire like this takes time to complete and adds to the already very busy life of the school. The information about your school makes an important contribution to research that seeks to inform policy development, including educational policy, and so we would ask for your assistance in completing and returning the form to us. The enclosed **Information Sheet for Principals** provides further details on the study.

Should you have any queries on this questionnaire or **Growing Up in Ireland**, please do not hesitate to call the **Growing Up in Ireland** team on 1800 314 016.

We would like to thank you, in anticipation, for your co-operation in this research.

Yours sincerely,



Emer Smyth
Principal Investigator,
Growing Up in Ireland study



An Roinn Leanaí, Comhionannais,
Míchumais, Lánpháirtíochta agus Oige
Department of Children, Equality,
Disability, Integration and Youth



An
Phríomh-Oifig
Staidrimh

Central
Statistics
Office



Trinity
College
Dublin
The University of Dublin

PRINCIPAL INFORMATION LEAFLET

What is Growing Up in Ireland?

Growing Up in Ireland is the national longitudinal study of children and young people 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 the lives and development of children and young people in Ireland. It has been underway for fourteen years with participation from principals in 2007, 2011, 2013 and 2018.

What will it tell us?

Growing Up in Ireland is focused on all aspects of young people's lives, including their cognitive, social, emotional, physical development and health outcomes over time while taking account of their school, family and community environments.

The aim of the project is to build a bank of information about the lives of children in Ireland today and into the future. The evidence collected will be used to advise the Government on future policies and services that will be most beneficial for children, young people and families.

From an educational perspective, we will be looking at the young people's educational experiences and what role this plays in their development, with a view to help Government formulate policies based on evidence to encourage positive educational experiences and outcomes for as many children and young people as possible.

Who is running the study?

Growing Up in Ireland is funded by Government through the Department of Children, Disability, Equality, Integration and Youth (DCEDIY). It is overseen and managed by the DCEDIY in association with the Central Statistics Office (CSO). The study is being carried out by a group of independent researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin.

Why is my school being asked to take part?

The 8,500 young people now in the ***Growing Up in Ireland*** study were originally selected at random from the Child Benefit register when they were nine months old. They and their families have been interviewed at three, five, seven and nine years of age; and their school principals and teachers provided information at ages 5 and 9. We are now following up with them at 13 years of age.

All principals of second-level schools are being asked to complete the questionnaire because the 13-year-olds have dispersed to almost every second-level school in the country. With the parents' consent, we can match the information on the schools being attended by the young people with the information we collect from them and their families in their own homes.

What happens if my school takes part?

You will be asked to complete a short questionnaire about your school. This will include details about:

- the school in general
- teaching and other school resources
- subjects and extracurricular activities available.

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 are any question(s) on the questionnaire you do not wish to answer, you do not have to do so.

Will this information be kept confidential?

Information in the GUI survey is collected under section 24 of the Statistics Act (1993). This Act provides a legislative basis for the compilation and dissemination of official statistics by the Central Statistics Office. It ensures that the information you provide can only be used for statistical purposes. The data you provide will remain strictly confidential and will not be disclosed to anyone outside of the GUI Study. Reports based on the information collected by GUI will not include any information that would identify you or your school.

However, if you write or tell the Study Team something outside the answers given to the direct survey questions which causes them to have serious concerns for the welfare of a child, or other vulnerable person, they may have to tell someone who could help.

The information provided by you cannot be accessed by the child's parents and will not be available under the Freedom of Information Act.

In order to make the best use of the information you provide, the Central Statistics Office, operating under the strictest controlled procedures in line with the Statistics Act and the General Data Protection Regulation (GDPR), may match the data you provide to other types of information. This would only be done for statistical research purposes and the results of the analysis will not in any way allow you or your school to be identified

What do I do next?

Please complete the questionnaire and return it in the reply-paid envelope. If you have any questions call us on Freephone 1800 314 016.

Your participation counts.

Taking part in ***Growing Up in Ireland*** is voluntary. The participation of you and your school will play a major role in the success of the study and improving the lives of children in Ireland.

It is only by carrying out studies such as these that we can understand the role of other caring adults in the life of a young person 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?

Freephone: 1800 314 016

Visit our website: www.growingup.ie

Email: Email us at growingupat13@esri.ie

Post:

Growing Up in Ireland,

Economic & Social Research Institute,

Whitaker Square,

Sir John Rogerson's Quay,

Dublin 2,

D02K138

**Department of Children, Equality, Disability, Integration and Youth (DCEDIY)
and the Central Statistics Office (CSO)**

**Privacy Statement for
Growing Up in Ireland Survey Participants**

Purpose

Under Data Protection legislation, individuals have a number of rights in relation to the personal data an organisation holds about them. The purpose of this notice is to inform you, as a ***Growing Up in Ireland*** survey participant, about the data processed by the ***Growing Up in Ireland*** project, how these data are handled and what your rights are.

Who we are and how to contact us?

The ***Growing Up in Ireland (GUI)*** project is funded by the **Department of Children, Equality, Disability, Integration and Youth (DCEDIY)** and managed by DCEDIY in cooperation with the **Central Statistics Office (CSO)**. GUI is carried out under an arrangement based on section 11 of the Statistics Act 1993, which permits the CSO to make arrangements with other public bodies for the collection, compilation, extraction or dissemination of information for **statistical** purposes.

DCEDIY and the CSO are joint data controllers responsible for personal data collected by GUI.

DCEDIY is a Government Department which leads the effort to improve the outcomes for children and young people in Ireland. The CSO is Ireland's national statistical office. The work of the CSO is carried out under the [Statistics Act 1993](#) which provides for the collection, compilation and dissemination for statistical purposes of information relating to economic, social and general activities and conditions in the State.

GUI survey data is collected under section 24 of the Statistics Act 1993.

DCEDIY and the CSO Data Protection Officers (DPOs) are responsible for overseeing questions in relation to this Privacy Statement (contact details below). If you have any questions about this statement, including any request to exercise your legal rights, please contact or send them to the DCEDIY DPO:

Data Protection Officer,
Department of Children, Equality, Disability, Integration and Youth,
Block 1,
Miesian Plaza,
50-58 Baggot Street Lower,
Dublin 2
D02 XWI4, Freepost F5055

Tel: 01-6473000
Email: sar@equality.gov.ie

The contact details for the CSO DPO are:

Ms Maria Hurley,
Data Protection Officer,
Central Statistics Office,
Skehard Road,
Cork
T12 X00E
Tel: 021-4535000
Email: dpo@csa.ie

The **Economic and Social Research Institute (ESRI)** is also involved in GUI. The ESRI is commissioned by DCEDIY to carry out the GUI survey on the Department's behalf. The ESRI is a research institute with income from research funded by a number of government departments and agencies, commissioned research projects, competitive research grants and a government grant-in-aid.

The ESRI collects GUI data on behalf of DCEDIY and is the *Data Processor* under the GUI contract with DCEDIY.

What is *Growing Up in Ireland*?

Growing Up in Ireland (GUI) is the national longitudinal study of children in Ireland, funded by the DCEDIY. The study is managed and overseen by DCEDIY in cooperation with the CSO. It is carried out by a consortium of researchers led by the Economic and Social Research Institute (ESRI).

All GUI data is collected under section 24 of the Statistics Act, 1993. The Statistics Act protects the confidentiality of the data you provide to the GUI survey and ensures that it can only be used for statistical purposes.

GUI collects data to help inform public policies and services relevant to children, young people and families in areas such as education, childcare, physical and mental health, employment, training and social inclusion. All procedures and protocols adopted in the GUI survey, as well as all questionnaires and tests used, undergo rigorous ethical scrutiny by an independent Research Ethics Committee.

GUI involves collecting data through surveys of children, young people and their parents or guardians. Data about the children are also collected from their school teachers when they are at primary school. Data about the schools which GUI survey participants attend is collected from school Principals. GUI is a longitudinal survey, so the same individuals are contacted on several occasions over time so as to help us understand how the lives of the children and young people are developing and progressing.

There are two groups or cohorts surveyed by the GUI project: **Cohort '98** most of whom were born in 1998 (and their parents/guardians); and **Cohort '08** most of whom were born in 2008 (and their parents/guardians).

Data collection for Cohort '98 started when the children were 9 years old in 2007/2008 and took place again when they were aged 13, 17 and 20 years old. Data collection for Cohort '08 started when the children were infants at 9 months old in 2008/2009 and took place again when they were aged 3, 5, 7/8, and 9 years old. Cohort '08 will be surveyed again in 2021 when the children are 13 years old.

Definitions

- *Personal Data*
Personal data means any information relating **to a living individual** who can be identified, directly or indirectly. It can include a name, an identification number, location data, an online identifier or one or more factors specific to an individual's physical, physiological, genetic, mental, economic, cultural or social identity.
- *Special Categories of Personal Data*
Special categories of personal data mean data revealing racial or ethnic origin; political opinions or religious or philosophical beliefs; trade union membership; genetic data; biometric data; data concerning health; individual's sex life or sexual orientation.
- *Data Processing*
Processing means doing anything with the data, such as storing, accessing, disclosing, destroying or using the data in any way.

What is the purpose and lawful basis for processing personal data from *Growing Up in Ireland* survey participants?

Article 6 of the EU General Data Protection Regulation (GDPR) sets out the lawful bases under which personal data can be processed. There can be more than one lawful basis for personal data processing. The lawful bases for processing data from GUI come from Article 6 (c) and (e) and are explained below.

- Under Article 6 (c) processing is necessary for compliance with a legal obligation to which the controller is subject. As a joint data controller for GUI, the **CSO** processes your personal data in the exercise of official authority vested in it under statute and in compliance with a legal obligation on the CSO imposed by the Statistics Act 1993.
- Under Article 6 (e) data processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller. As a joint data controller for GUI, **DCEDIY contracts the ESRI to** process your personal data for the performance of a task in the public interest and the exercise of the official authority vested in the Minister and the Department of Children, Equality, Disability, Integration and Youth.

Additionally Article 9(2) (j) provides for the processing of special categories of personal data for statistical purposes. This includes data collected in all rounds of the survey on ethnicity, religion,

health (including mental health); and data collected in some rounds of the survey on political views, trade union membership, sexual orientation and behaviour. These are further described below under 'Survey Data'.

The **ESRI** is a data processor for GUI and processes your personal data and special categories of personal data for **statistical purposes** in accordance with data protection legislation. In this regard, the results of the GUI study are made public but without identifying individuals, so that they can inform research and policy. GUI survey data can only be used for statistical purposes and personally identifiable data from the survey is not shared by DCEDIY, the CSO or the ESRI with any third parties outside of the GUI project.

In order to make the best possible use of the information provided by survey participants, the Central Statistics Office – operating under the strictest controlled procedures – may link the information from this survey to other types of information held about survey participants or the areas they live in. This would only be done for statistical research purposes under the Statistics Act 1993 and the results of the analysis would not include any personal information about participants. For further information on CSO data linkage see <https://www.cso.ie/en/aboutus/lgdp/csodatapolices/csodataprotocol/csodataprotocolregister/>

What personal data do we process on *Growing Up in Ireland* survey participants?

Contact Details: Since the same individuals and families are contacted over time, the GUI Study Team at the ESRI need to keep contact details for GUI participants, parents and children or young people, in order to conduct the surveys on behalf of DCEDIY. The contact details include: name, address, telephone number, email address, mobile telephone number and the contact details of someone, such as a grandparent, who may be able to help us keep in touch with the family if they move house. GUI also holds data on household GPS and eircode.

CAO number: This information is provided by some survey respondents who agree to give it during the GUI survey. It is used solely for the purpose of matching some of the information provided in their survey interview to the details in their CAO application form for access to further or higher education courses.

PPSN: The PPS number is held for individuals from Cohort '08 who gave it during the course of the survey for tracing purposes and for the purposes of matching GUI data to other data (e.g. childcare providers).

Survey Data: Information on the child and their parents is collected in the following areas:

- Family Type and Structure, including information on childcare arrangements and providers.
- Socio-Demographic Characteristics, including level of education, income, work experience, nationality, ethnicity, migrant status, marital status.
- Physical Health, including maturation and physical health status and development, measured height, weight, blood pressure, diet, exercise, risky health behaviours, use of health services, sedentary activities.

- Socio-Emotional Well-being, including mental health of the child and parents, psychological, emotional and mental health status, socio-emotional and behavioural development, self-concept, social behaviour.
- Education and Cognitive Development, including participation in education, educational aspirations, cognitive development and assessment, how the child or young person is getting on in school, with school subjects, teachers and peers, as well as information on the pupil and the school gathered from teachers and the school principal.
- Relationships between parents, information about the child from parents, parenting arrangements between parents, relationships between parents and children, between children/young people and their peers. Parents refers to any parents who participate in the survey whether they live in the household or elsewhere.
- Responsibility and Social Participation, including an activity diary, involvement in clubs and volunteering, anti-social behaviour, household chores, preparation for life after school.

Information is also collected from childcare providers, including information about the GUI study child in relation to how long the child has attended the centre, how many hours and days per week they attend and how easy the child is to get on with.

GUI data are mostly collected through survey questionnaires administered by an interviewer using a laptop in the home. Data may also be collected using computer assisted telephone interviews or by the CSO's online survey systems. However, additional data were collected through personal interviews with 122 parents of Cohort '08 at nine months old and with 122 Cohort '98 parents and 122 children at nine years old. These interviews explored the same issues as the GUI survey questionnaire but in more depth.

Full details of the data collected in each wave of GUI can be found in the questionnaires: <https://www.growingup.ie/questionnaires/>.

The relevance of the information collected is published in the Design and Instrumentation Reports for the relevant waves of data on the **Growing Up in Ireland** website: <https://www.growingup.ie/growing-up-in-ireland-publications/>.

The survey data are stored at the ESRI separately from all identifying information. The survey data are processed internally within the ESRI on behalf of DCEDIY in a pseudonymised form (with all identifying information removed).

These data are processed for statistical purposes under the Statistics Act 1993. Great care is taken to ensure the confidentiality of the data provided. No data are released or published which could identify a particular individual or family.

Under Section 32 of the Statistics Act 1993 all information recorded '*...shall be used only for statistical compilation and analysis purposes*'. Equally, the information recorded in the course of the **Growing Up in Ireland** Study may not be released in a manner which '*...can be related to an identifiable person or undertaking*' '*...except with the written consent of that person or undertaking ...*' (Section 33, Statistics Act 1993).

Use of the data collected in the course of the **Growing Up in Ireland** study for any other purpose or release of data in a manner which would allow them to be associated with an identifiable

person is an offence under the Statistics Act 1993, and would contravene data protection principles.

Do we share personal data with any third parties?

Personal data collected in the survey is not shared by DCEDIY, the CSO or the ESRI with any third parties outside of the GUI project.

Two types of ***Growing Up in Ireland*** datasets which do not contain any directly identifying personal information are made available for legitimate research purposes. The preparation of these datasets is done under the auspices of the CSO and in strict compliance with the Statistics Act 1993 to ensure that the confidentiality of GUI participants is protected.

- ***Growing Up in Ireland*** datasets known as Anonymised Microdata Files (AMFs) are made available to researchers through the Irish Social Sciences Data Archive. See <http://www.ucd.ie/issda/data/growingupinirelandgui/>.
- ***Growing Up in Ireland*** datasets known as Researcher Microdata Files (RMFs) which contain more detail than the AMFs, are made available through the CSO under strict and controlled conditions at the discretion of the Director General of the CSO, see <https://www.cso.ie/en/aboutus/lgdp/csodatapolicies/dataforresearchers/rmfapplicationprocedure/>

Currently these datasets are available for data collected from Cohort '08 at 9 months, 3 years, 5 years, and 7/8 years; and from Cohort '98 at 9 years, 13 years and 17/18 years.

Data from Personal Interviews

Datasets based on the additional GUI data collected through qualitative or personal interviews with parents and children in the first waves of Cohort '98 and Cohort '08 (at the ages 9 years and 9 months respectively) are also made available for research purposes. These datasets do not contain any identifying information and have been archived at the University of Maynooth, see <https://www.maynoothuniversity.ie/igda>

How long will GUI data be stored for?

Growing up in Ireland is a longitudinal project, which involves returning to participants at intervals over several years collecting information about the growth and development of children and young people over time. Given that GUI is longitudinal, it is necessary to retain personal data and sensitive personal data for at least the duration of the relevant participant's involvement with the GUI project.

Where identifying data are no longer required for the purposes of the survey or where no further data will be collected in relation to a particular participant (e.g. because they have discontinued their participation in the survey or have died), their contact details are deleted to anonymise the data and the anonymised data are retained indefinitely.

What rights do you as the data subject have?

The General Data Protection Regulation (GDPR) confers the following rights on individuals:

i. The right to be informed

ii. The right of access

iii. The right to rectification

iv. The right to erasure

v. The right to restrict processing

vi. The right to object to processing of personal data

Article 89(2) of the General Data Protection Regulation (GDPR) allows derogations from data subject rights where personal data are processed for scientific/historical research or statistical purposes. These apply in respect of your right of access, right to rectification, right to restriction of processing and right to object, but only where the exercise of these rights is likely to render impossible or seriously impair the achievement of the specific statistical purposes.

How can I submit a Subject Access Request?

If you wish to make a Subject Access Request, the most effective way to do so is in writing to the Data Protection Unit at the Department of Children, Equality, Disability, Integration and Youth at the following address:

Department of Children, Equality, Disability, Integration and Youth,
Block 1,
Miesian Plaza,
50-58 Baggot Street Lower,
Dublin 2
D02 XW14, Freepost F5055
Tel: 01-6473000
Email: sar@equality.gov.ie

You can make a request directly to a member of staff on the Growing Up in Ireland Survey Team. In such instances they will immediately forward the request to the Department's Data Protection Unit, which will follow up with you on any requirements.

In order to facilitate processing of your request and the timely retrieval of your personal data, you may be asked to provide the following details:

- Your full name
- Details of the personal data that you are requesting
- Any other relevant information that will assist in responding to your request, e.g. the time period for the data you are requesting access to.
- The form you wish the data to be provided to you in (e.g. by letter, email etc).

Identification

In order to ensure that personal data are not disclosed to the wrong person, you will need to provide proof of identity before your request can be processed.

If a request is being made on your behalf by a third party such as a solicitor, authority and verification will be sought.

For further information on data protection see <http://gdprandyou.ie>.

How will the information be provided to you?

Where you make the request by electronic form, where possible the information shall be provided to you by electronic means, unless you request otherwise.

What are the timeframes for dealing with your personal data access requests?

Your request must be responded to within 1 month from the date of validation of the request and your identity. The period may be extended by a further 2 months, where necessary, taking into account the complexity and number of requests. In this case, we will inform you of any extension within 1 month of receipt of the request, and the reasons for the delay.

What are the charges?

There is no charge for your Subject Access Request.

However, if your request is considered 'manifestly unfounded or excessive' (for example excessive repeat requests or where the problems associated with identifying you as an individual from a collection of data are too great) we may:

1. Charge a reasonable fee, taking into account the administrative costs of providing the information/taking the action requested; or
2. Refuse to act on your request.

Right to lodge a complaint to the Supervisory Authority

Under data protection legislation you have a right to lodge a complaint with the Data Protection Commission if you consider that processing of your personal data is contrary to data protection law. The contact details of the Commission are

By post: Canal House, Station Road, Portarlinton, R32 AP23, Co. Laois.

By e-mail: info@dataprotection.ie

By phone: 0761 104 800 or lo-call number 1890 252 231

Online: <https://www.dataprotection.ie/>

Appendix B

Questionnaires

Growing Up in Ireland Primary Caregiver Questionnaire for Cohort '08 at 13 years of age

GROUP H'HOLD YOUNG PERSON NO.

Interviewer Name _____ Interviewer Number

Time Started Date _____
day mth year

[Script at beginning of survey takes the respondent through the main points on the Information Sheet and affirms their consent to participate]

A. Household Composition

A1. [INTERVIEWER: I'd like to begin by speaking to <primary caregiver at previous wave>. Is <primary caregiver at previous wave> still resident in the household?

Yes ₁ No ₂ → Go to A12

A2. Do you have a spouse/partner who lives here with you in the household? Include spouse/partner temporarily working away from home. (A1b on CSO version)

Yes ₁ No ₂

A5. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at previous wave] 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.

A6*The name, sex, date of birth, and relationship of each person to the <PCG at previous wave> and <child> will be checked and edited where necessary and their residency in the household at this wave confirmed.*****

No.	First name	Sex		Date of Birth	Age if DOB not available	Still resident?		Relationship of each member to PCG and child.		(E) Main activity							
		M	F			Y	N	R'SHIP TO:	R'SHIP TO:	Not yet at	School/Ed	At	Unemploy	Retired	Home	Other	
								Mother	Child								
1		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	///	///								
2		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		///								
3		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	
4		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	
5		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	
6		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	
7		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	
8		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	

Interviewer: Primary Caregiver should be on line 1. Child should be on line 2. Secondary Caregiver on line 3 (if relevant).

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

A7. Has anyone else joined the household since we last spoke and is currently living with you? (A3a on CSO version)

Yes 1 No 2 → Go to A8

INT: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID BELOW INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]

No	First Name	Sex		Date of Birth	Age If DOB not avail.	Relationship of each member to PCG and child		Since when have they been living with you		Resident Y/N	Main activity						
		M	F			Mother	Child	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
		<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

A8. So that’s a total of _____ people who live here in the household at present. Is that correct? (A4 on CSO version)

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

[ASK ONLY IF <PREVIOUS WAVE PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT THIS WAVE.

A9. 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>? (A5 on CSO version)

Yes 1 **Go to A20** No 2

A10. Why is that? -----

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

A11. 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 A20

IF PRIMARY CAREGIVER AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD, ASK A12 – A19.

A12. Are you the parent / legal guardian of <child> who usually provides the most care to him/her?

Yes 1 → **Go to A13** No ... 2 [INT: Ask to speak to PCG; → **Go to A13 with PCG**]

A13. Can you please tell me which of the following best describes your relationship to <child>?

[Interviewer use codes only]

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

A14. Do you have a spouse/partner who lives here with you in the household? Yes ... 1 No ... 2

A17. How many people in total (including yourself and <child>) live here regularly as members of the household? _____ persons

No	First name/ Initial	Sex	Date of Birth	Age If DOB not available	Was this Person Resident at previous wave?	Relationship of each member to mother and child.		(E) Main activity						
								Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
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

A18. 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

A19. Since when has this person being living here in the household? _____(year) [If current or previous year] _____ month

Go to A20

A20. Does <child> have any full / half / step / adoptive brother(s) or sister(s) who live outside the household?

Yes ₁ No ₂

A21. How many full / half / step / adoptive brother(s) or sister(s) does <child> have who live outside the household? _____

A22. For each full/half/step brother/sister who lives outside the household, can you tell me:

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

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

Z: Covid-19 Experiences

Now some questions about your experience during the Covid-19 pandemic.

Z1 I am now going to ask about any members of your household who are, or were, at increased risk of severe Covid-19 disease due to age or a pre-existing condition?

a. Are you at increased risk of severe Covid-19 disease?	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂
b. Is your 13-year-old at increased risk of severe Covid-19 disease?	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂
c. Is someone else in the household at increased risk of severe Covid-19 disease?	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂

Z2 Thinking now of the most recent Level 5 restrictions when the schools were closed, please say whether each of the following was always true, sometimes true or not true for you.

	ALWAYS TRUE	SOMETIMES TRUE	NOT TRUE
a. My family did more activities together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. It was difficult to balance work and family life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. I had the chance to slow down	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. I worried about the virus infecting me or someone else in my family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Apart from work, I spent more time online than usual	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. I spent more time than usual taking care of the children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
[Routing: ask next item if PCG has a partner living in household]			
g. My partner spent more time than usual taking care of the children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Z3. Were you in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then? Yes ... ₁ → Go to Z4 No ... ₂ → Go to Z5_check

Z4. Was your employment situation or way of working affected by Covid-19 in any of the following ways? [Tick all that apply]

a. Loss of employment (losing your job or temporary lay-off)	<input type="checkbox"/>
b. Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment)	<input type="checkbox"/>
c. Increase in usual hours worked	<input type="checkbox"/>
d. Started remote working from home	<input type="checkbox"/>
e. Increased number of remote hours working from home	<input type="checkbox"/>
f. Other change (including starting a new job, being assigned to different work)	<input type="checkbox"/>
g. None of the above	<input type="checkbox"/>

Z5_Check Does PCG have a partner living in the household? Yes ... ₁ → Go to Z5 No ... ₂ → Go to Z7

Z5. Was your partner in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then?

Yes ... ₁ → Go to Z6 No ... ₂ → Go to Z7

Z6. Was your partner's employment situation or way of working affected by Covid-19 in any of the following ways? [Please tick all that apply]

a. Loss of employment (losing their job or temporary lay-off)	<input type="checkbox"/>
b. Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment)	<input type="checkbox"/>
c. Increase in usual hours worked	<input type="checkbox"/>
d. Started remote working from home	<input type="checkbox"/>
e. Increased number of remote hours working from home	<input type="checkbox"/>
f. Other change (including starting a new job, being assigned to different work)	<input type="checkbox"/>
g. None of the above	<input type="checkbox"/>

27. Did your household receive any of the following during the Covid-19 pandemic? [Tick all that apply]

Pandemic Unemployment Payment	<input type="checkbox"/> 1
Other regular social welfare payment (excluding Child benefit)	<input type="checkbox"/> 2
None of these	<input type="checkbox"/> 3

28. Since the start of the Covid-19 pandemic, did your household income ...

Fall a lot	Fall a little	Remain the same	Increase a little	Increase a lot
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

29. Overall, during the most recent Level 5 restrictions when the schools were closed, how much exercise did you get compared to before the restrictions?

A lot more	A little more	About the same	A little less	A lot less
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B. 13-Year-Old's Health and Disabilities

Now I would like to ask you a few questions regarding <child>'s health.

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

Very healthy, no problems	Healthy, but a few minor problems	Sometimes quite ill	Almost always unwell
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

B2. Does <child> have any of the following long-lasting conditions or difficulties? [Tick one box on each line]

[Interviewer: If query from respondent on why this is being asked when they said (at B1) young person was 'very healthy, no problems', add "These conditions might not always be linked to a health problem, so we need to specifically ask about them in order to get a full picture."

	Yes to a great extent	Yes to some extent	No
a. Blindness or a vision impairment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Deafness or a hearing impairment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. An intellectual disability or general learning disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. A difficulty with learning, remembering or concentrating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. A psychological or emotional condition or mental health issue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. A difficulty with breathing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. A difficulty with pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Any other on-going chronic physical or mental health problem, illness or disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

[Interviewer Prompt: please be sure to include here any conditions not already covered; these might be Autistic Spectrum Disorder, Asperger syndrome, speech impediment, Down syndrome, Tourette syndrome, Acquired Brain Injury, or any other longstanding condition or disability)

[Routing: Is there any 'yes' response to B2 above? Yes .. 1 → Go to B3 No ... 2 → Go to B7]

B3. What is the nature of this condition or difficulty? Please describe as fully as possible.

[Interviewer: ask B4 to B6 for each condition at B3. Write responses in the table below. Please record diagnosis or assessed condition, if possible. If more than one, record up to three in order of seriousness.

B4. Has this condition or difficulty been diagnosed or assessed by a relevant professional?

B5. Since when has <child> had this condition or difficulty? [Record year parent first became aware of condition (not necessarily diagnosed); If current or previous year, record month as well

B6. Is <child> hampered in their daily activities by this condition or difficulty?

Condition	B3 Nature (diagnosis/assessment)	B4 Diagnosed/assessed?			B5 Since when? Year Mon*	B6 Hampered? 1. Yes severely, 2. yes to some extent, 3. no.
		Yes	No	Awaiting Consultation		
Condition 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Condition 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Condition 3		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

*Record month if year=current or previous calendar year.

[Ask all B7-B11]

B7. Please indicate if <child> receives support from any of the following IN OR THROUGH SCHOOL

[Tick all that apply] [Note: Longer list was used in pilot – see Pilot Report]

- Resource Teaching/ Learning Support..... 1 Psychological/behavioural support..... 4
 Special Needs Assistant..... 2 Other therapeutic support (speech and language/occupational therapy) .. 5
 Assistive technology..... 3 Other support..... 6
 Doesn't receive any supports..... 7

B8. When the schools are open, Does <child> have a reduced timetable at school or a shorter school day, because of a condition or disability? Yes ... 1 No ... 2

B9. Please indicate if <child> receives support from any of the following OUTSIDE SCHOOL

[Tick all that apply] [Note: see longer list used in Pilot in Pilot Report]

- Extra/private tuition 1 Other therapeutic support (speech and language/occupational therapy)..... 3
 Psychological/behavioural support..... 2 Other support 4
 Doesn't receive any of these supports outside school 5

[If support received ask B10; Otherwise ask B11.]

B10. In general, how adequate are the supports <child> receives for [his/her] needs?

Not adequate	Adequate	Good	Excellent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

B11. Which of these best describes your child with respect to supports either inside or outside of school?

Doesn't receive any supports: none needed <input type="checkbox"/> 1	Doesn't receive any supports, some needed <input type="checkbox"/> 2
--	--

B12. About how many nights has <child> spent in hospital over the last 12 months for any reason? [INTERVIEWER: IF NONE, ENTER '0' – DO NOT LEAVE BLANK] _____ nights

B13. In the last 12 months how many visits has <child> made to the Emergency Department of a hospital? [INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] _____ visits

B14. 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

B15. In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about <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"/> 99	<input type="checkbox"/> 98
B. A practice nurse	_____	<input type="checkbox"/> 99	<input type="checkbox"/> 98
C. Another medical doctor e.g. in a hospital	_____	<input type="checkbox"/> 99	<input type="checkbox"/> 98
D. Other professional, psychologist, psychiatrist, counsellor etc.	_____	<input type="checkbox"/> 99	<input type="checkbox"/> 98
E. A social worker.....	_____	<input type="checkbox"/> 99	<input type="checkbox"/> 98

B16. How would you rate the health of <child's> teeth and gums?

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

B17. Which of the following best describes how regularly <child> visits the dentist?

At least once a year	Once every two years	Once every three years	Less often/ Only when there is a problem	Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 → Go to B23

B18. When was the last time <child> saw a dentist? _____ (year) [If current or previous year] _____ month

B19. Was it a HSE or private dentist? HSE ... 1 Private ... 2

B20. Did <child> have any treatment other than a routine scale and polish? Yes ... 1 No ... 2

B21. Has <child> ever had:

a. Any permanent / secondary teeth filled?	Yes ... <input type="checkbox"/> 1	No ... <input type="checkbox"/> 2
b. Any permanent / secondary teeth extracted?	Yes ... <input type="checkbox"/> 1	No ... <input type="checkbox"/> 2

B22. Now some questions about food. Please say how many times a week <child> usually eats or drinks any of the following.

[TICK ONE BOX ON EACH LINE]

	Less than once a week /Never	Once or twice a week	3 or 4 times a week	5 or 6 times a week	Every day - once	Every day - more than once
a. Fresh fruit	<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. Fruit Juice	<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. Meat, chicken, fish	<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. (Dropped)						
e. Cooked vegetables	<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. Raw vegetables or salad	<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. Hamburger, hot dog, sausage or sausage roll, meat pie	<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. Hot chips or French fries	<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. Crisps or savoury snacks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
j. Bread	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
k. Potatoes, Rice, Pasta	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
l. Cereals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
m. Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
n. Sweets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
o. Cheese / yoghurt / fromage frais	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
p. Water (tap water / still water / fizzy water)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
q. Fizzy drinks / minerals / cordial / squash (diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
r. Fizzy drinks / minerals / cordial / squash (not diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
s. Milk (including non-dairy or lactose-free milk)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

B23. How many portions of fruit or vegetables would <child> usually have in a day?

None	1 per day	2 per day	3 per day	4 per day	5 or more
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B24a. Does <child> follow any kind of special diet? Yes ... 1 → **B24b.** No ... 2 → **B25**

B24b. Which of these does <child> follow ... [Tick all that apply]

Vegetarian	Vegan	Gluten-free	Dairy-free	Other restriction because of food allergy or food intolerance	Other special diet because of a diagnosed condition	Other special diet for religious reasons
<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

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

Less than ½mile (less than 1km)	½ to less than 1 mile (1 - less than 2km)	1-5 miles (2 - less than 8km)	More than 5 miles away (8km or more)	Attends boarding school	Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7

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

He/she walks	By public transport	School bus/coach	By car	Rides a bicycle	Other (please describe)	Not applicable
<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

B27. Can we check, has the Study Child received the HPV vaccine? [For information: vaccinations in schools are given in two different visits usually with a first dose in September and a second one in February]

Yes, both doses	Yes, first of two doses	No, but intend to avail of it	No, still thinking about it	No, have decided not to avail of it
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C. Primary Caregiver's Health

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

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

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

C2. Do you have any of the following long-lasting conditions or difficulties?[Tick one box on each line]

	Yes to a great extent	Yes to some extent	No
a. Blindness or a vision impairment.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
b. Deafness or a hearing impairment	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
d. An intellectual disability or general learning disability	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
e. A difficulty with learning, remembering or concentrating	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
f. A psychological or emotional condition or mental health issue.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
g. A difficulty with breathing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
h. A difficulty with pain or any other on-going chronic physical or mental health problem, illness or disability	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3

[Routing: Is there any 'yes' response to any item at C2, above? Yes ... _1 → Go to C3 No ... _2 → Go to C6

C3. What is the nature of this condition or difficulty? Please describe as fully as possible.

[Int. please record diagnosis – not symptoms of the problem.]

C4. Are you hampered in your daily activities by any long-lasting condition or difficulty?

Yes, severely _1 Yes, to some extent _2 No _3

C5. Since when have you had this condition or difficulty? If you have more than one condition or difficulty, please tell me since when you have had the one you consider most serious. [Record year parent first became aware of condition (not necessarily diagnosed) _____(year)

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

C7. Over the past 7 days on how many days were you physically active for a total of at least 30 minutes per day? Physical activity is any moderate or vigorous activity that increases your heart rate and breathing. Examples include brisk walking, running, cycling, swimming, dancing, digging in the garden. It also includes other activities in your job or at home that raise your heart rate and breathing. [None, one to seven]

None	One	Two	Three	Four	Five	Six	Seven
<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7

C8. Is <child> covered by a medical card? Yes, full card _1 Yes, GP visit card..... _2 Not covered _3

C9. Is <child> covered by private medical insurance? Yes _1 No..... _2

C10. Does that insurance include the cost of GP visits? Yes, in full _1 Yes, partially _2 No _3

D. 13-Year-Old's Emotional Health and Well-being

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

D1. Has <child> experienced any of the following since we last interviewed you in <year of last interview> [Read out]:

A. Death of a parent <input type="checkbox"/> _1	I. Serious illness/injury of a family member <input type="checkbox"/> _9
B. Death of a close family member (other than a parent) please specify <input type="checkbox"/> _2	J. Drug taking/alcoholism in the immediate family..... <input type="checkbox"/> _10
C. Death of close friend <input type="checkbox"/> _3	K. Mental disorder in immediate family..... <input type="checkbox"/> _11
D. Divorce/separation of parents <input type="checkbox"/> _4	L. Your home being broken into <input type="checkbox"/> _12
E. Moving house within Ireland <input type="checkbox"/> _5	M. Conflict between parents <input type="checkbox"/> _13
F. Moving country <input type="checkbox"/> _6	N. Parent in prison <input type="checkbox"/> _14
G. Stay in foster home/ residential care <input type="checkbox"/> _7	O. Other disturbing event (apart from the general stress of the Covid-19 pandemic; please specify) <input type="checkbox"/> _15
H. Serious illness/injury <input type="checkbox"/> _8	P. None of the above..... <input type="checkbox"/> _16

D2. Here 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. Redacted

In the last 6 months has your child been ?

Would you say Not True, Somewhat True or Certainly True

	Not True	Somewhat True	Certainly True
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			
Q.			
R.			
S.			
T.			
U.			
V.			
W.			
X.			
Y.			

D3. About how many close friends does <child> have?

None..... _1 1 _2 2 or 3 _3 4 or 5 _4 6 or more _5

D4. To your knowledge, has <child> been a victim of bullying in the last 3 months? Yes ... _1 No ... _2

E. Education and School

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

E1. What class did/will <child> start in September 2021?

- 5th Class ₁ Go to E7
- 6th Class ₂ Go to E7
- First Year ₃ Go to E2
- Second Year ₄ Go to E2
- 13-year-old is being home schooled..... ₅ Go to E7
- 13-year-old attends a special school ₆ Go to E7
- Special class or unit in second level school..... ₇ Go to E2
- Other..... ₈ Go to E7

E2. What school does / will <child> attend from September 2021?

Name of school: _____

Full address of school: _____

E3. Did/do you have a choice about which second level school <child> would/will go to?

Yes..... ₁ No ₂

[Note: ask with respect to 'special school' if child attends special school and will not attend secondary school]

E4. When thinking about schools that <child> might go to, how important were the following factors?

	Very Important	Somewhat important	Not important
a. It's the local school or nearest to home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. He/she wanted to go there.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. His/her friends go or were intending to go there.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. His/her brother/sister went/go there	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. General good impression of school/good reputation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. The support provided for students with special needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. The subjects the schools provided.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. The school's ranking in newspaper league tables	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. The ethos of the school in terms of religion or beliefs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. The school's extracurricular activities (such as sports and music)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k. The gender mix of the school (co-educational/single sex)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l. Language of instruction used in the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

E5. How would you describe <child's> current base class – the one they are in from last September? (Tick one box)

Special class or unit	Class which is mixed ability / randomly allocated	Higher stream class in streamed school	Middle stream class in streamed school	Lower stream class in streamed school	Not sure / don't know
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

E6. Has <child> attended an Open Day at his/her new school

Yes..... ₁ No ₂

E7. 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 include virtual as well as face-to-face meetings or events.) [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 been asked for your opinion on what is done in the school (such as uniforms or discipline policy)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. 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
E. 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
F. You are involved with the Parents' Council or Parents' Association.	<input type="checkbox"/> 1	<input type="checkbox"/> 2

E8. How involved do you personally feel in your child's school life?

Very involved	Fairly involved	Not very involved	Not at all involved
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E9. 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 their whole school or class being closed due to Covid-19 or 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		

E10. 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	Quarantine or self-isolation, related to Covid-19	<input type="checkbox"/> 13
Suspended from school	<input type="checkbox"/> 7	Other (specify)	<input type="checkbox"/> 14

E11. 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 E14

E12. 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 type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

E13. 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

E14. 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

E15. On a typical weekday when the schools are open, 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 programme/club 6
- Other (please specify) 8

E16. How many books (including e-books) does <child> have access to in the home? Would you say... [INT: READ OUT]

- None..... 1
- 1 to 10..... 2
- 11 to 30..... 3
- 31 to 50..... 4
- 51 to 100..... 5
- More than 100..... 6

F. Internet and Screen Time

Now, I'd like to ask you some questions about access to the internet at home.

F1. What sort of internet access does your home have? (tick all that apply)

- No internet connection 1
- Broadband with wifi 2
- Broadband with plugin connection 3
- Mobile broadband or 'dongle' from a phone provider..... 4
- Other type of internet connection 5

F2. Does <child> have access to the internet through a smartphone, tablet, laptop or other computer?

Yes ... 1 No ... 2 → Go to F6

F3. Is <child> supervised by you or another adult when he/she accesses the internet?

Always..... 1 Sometimes 2 Never 3

F4. Do you have any monitoring or control software on the internet to limit the sites <child> can access – e.g. Qustodio, Net Nanny?

Yes 1 No 2

F5. Do you use any of the following strategies to restrict the content viewed or time spent by <child> on electronic devices?

(Tick all that apply)

- Rules about content..... 1
- Rules about total time spent on devices 2
- Rules about the time of day child can watch/use devices 3
- PIN numbers or passwords to lock or restrict devices 4
- 'Child-safe' settings, for example on TV satellite boxes 5
- Locking devices/modems away (or locking the room they are in) 6
- Engaging the child in alternative activities (e.g. football, baking) 7
- Something else (specify) 8
- None of the above 9

F6. On a normal weekday, during term-time, about how much time does <child> spend using the smartphone, tablet, laptop or computer? Please include time before school as well as time after school. Do not include time spent using computers in school or for online class work.

None	1 to 30 minutes	31 minutes to less than 1 hour	1 to less than 1.5 hours	1.5 to less than 2 hours	2 to less than 3 hours	3 to less than 4 hours	4 to less than 5 hours	5 or more hours
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Now, some questions about your own screen-based activities...

F7. Thinking now about the amount of time you spend on your own screen-based activities such as browsing the internet, watching TV/movies/videos, social media or messaging when you are at home (and not at work). On an average day, how much time would you spend on these...

	None	1 to 30 minutes	31 minutes to less than 1 hour	1 to less than 1.5 hours	1.5 to less than 2 hours	2 to less than 3 hours	3 to less than 4 hours	4 to less than 5 hours	More than 5 hours
On a WEEKDAY, how much time do you spend on screen-based activities?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
On a WEEKEND DAY, how much time do you spend on screen-based activities?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉

F8. Thinking about your smartphone, how often, if ever, ...

	Never	Hardly ever	Sometimes	Often	Very often
a. Do you feel as if you have to respond to messages/posts from other people immediately	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Do you check for messages or notifications as soon as you wake up	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Feel distracted by your smartphone when <child> is with you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

F9. In the PAST YEAR, how often have these things happened to you?

	Never	A few times	At least once a month	At least once a week	Daily or almost daily
a. I have felt bothered when I cannot be on the internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I have spent less time than I should with either family, friends or completing tasks because of the time I spent on the internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

G: Family Relationships and Context

Now some questions about your relationship with <Child>.

G1. 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 Redacted

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

G2. 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. 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

G3. 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.) Please think of the most recent four weeks of term time when the schools were open. _____ hours _____ minutes

G4. Thinking of an AVERAGE WEEKEND 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.) Please think of the last four weeks. _____ hours _____ minutes

G5. How often does <child> get together with, see or spend time with the following people (excluding those living in your home) Please think about the last four weeks.

	Quite a lot	Now and again	Rarely or never	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

G6. Thinking about the last 12 months, 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	<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 work responsibilities: 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
Because of your family responsibilities: 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

G7 Did you take parental leave in relation to <child>? By parental leave, we mean unpaid leave from employment up to a total of 26 weeks per child, which can be taken up until the child is age 12.

Yes..... 1 No... 2 Not applicable, not in employment since birth of child... 3

H. Housing and Socio-Demographic Background

Now some questions about the circumstances of your household.

H1. Does your accommodation have access to a garden or common space (either private or shared)?

[Note: Response categories on pilot were yes/no]

Yes, for sole use of household ... 1 Yes, shared with other household(s) 2 No 3

H2. Please tell me which best describes your (and your partner's) occupancy of the accommodation?

- Owner occupied (with a mortgage, include being purchased on Tenant Purchase Scheme) 1
- Owner occupied (without a mortgage, include purchased on Tenant Purchase Scheme)..... 2
- Rented from a Local Authority or Voluntary Body..... 3
- Rented from a Private Landlord (include paying rent to a relative etc.) 4
- Living with parents/in-laws or occupied free of rent (e.g. provided by employer) 5
- Other (specify) _____ 6

H3. What type of accommodation is this, it is a ...

Detached house	Semi-detached house	Terraced house/town-house	Apartment/flat/maisonette	Bedsit / studio with shared kitchen and/or bathroom	Mobile home/caravan	Emergency accommodation (hotel, shelter)	Other
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

H4. How many rooms are there in the accommodation for the sole use of your family? [Do not count: halls/stairs/ landings, kitchenette too small to eat in, scullery/utility room, bathroom, toilet, garage, consulting rooms, room used solely as an office, shop]

(rooms)

H5 And how many of these are bedrooms? [Please include bedrooms that are used for another purpose, e.g. a study]

(bedrooms)

H6: Does your accommodation have the following? [Tick one box on each line]

Yes No

- a. Double or triple-glazed windows ₁ ₂
 b. Adequate insulation ₁ ₂

H7. Do you have any of the following problems with your accommodation [Tick one box on each line]

Yes No

- a. Too dark, not enough light ₁ ₂
 b. Leaking roof/ damp walls /rot in windows or door frames ₁ ₂
 c. A problem with noise from neighbours or noise from the street (traffic, business, factories etc) ₁ ₂
 d. Pollution, grime or other environmental problems in the area ₁ ₂
 e. Too small, not enough space ₁ ₂

Now some questions about employment.

H8. 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'; Code 0 should also be used for respondents who are currently receiving Pandemic Unemployment Payment]

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

[BLAISE: IF CODE 0,1,2,3 at H8, Go to H9]

[BLAISE: IF CODE 4-10 at H8, Go to H11]

H9. When did you start your current job?
 _____ year [If current or previous year] _____ month

H10a. Do you work from home?
 Yes, but only because of the Covid-19 measures ... ₁ → **Go to H10b**
 Yes, usually work from home (even apart from Covid measures) ... ₂ → **Go to H16**
 No ... ₂ → **Go to H10b**

h10b. On a typical work day [when you are not working from home], 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]
 → **Go to H16**

H11. Apart from holiday or casual work, have you ever had a full-time job?
 Yes ... ₁ No ... ₂ → **Go to H14**

H12. In what year did you last work in that full-time job? _____
 (year)

H13. 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
 → **Go to H16**

H14. Do you currently have a part-time job?
 Yes ... ₁ No ... ₂ → **Go to H24**

H15. In your part-time job are you?
 Employee (incl. apprenticeship or Community Employment) ... ₁
 Self-employed outside farming ₂
 Farmer ₃
 → **Go to H16**

[BLAISE: If CURRENTLY in employment (Full-or part-time) use Present Tense; otherwise use Past tense]

H16. How many hours do [did] 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

H17. What is [was] your occupation in your main job?

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

- | | |
|----------------------------|-----------------------------------|
| Use precise terms such as: | Do not use general terms such as: |
| RETAIL STORE MANAGER | MANAGER |
| SECONDARY TEACHER | TEACHER |
| ELECTRICAL ENGINEER | ENGINEER |

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

Write in main OCCUPATION

H18. What is [was] the main activity of the business /organisation where you work?
(What did the business mainly make or do?)

H19. Are [were] you employed in a public sector organisation?

This means employed by the state or a state organisation; it does not include work that only involves dealing with the public sector.

Yes ... ₁ No ... ₂

H20_Check. [BLAISE: CHECK EMPLOYMENT STATUS]

Employee (incl. apprenticeship or Community Employment)	Self-employed (not farming)	Farmer
<input type="checkbox"/> ₁ → Go to H20	<input type="checkbox"/> ₂ → Go to H21	<input type="checkbox"/> ₃ → Go to H21

H20. Do [Did] you supervise or manage 10 or more personnel in your job? Yes ... ₁ No ... ₂ → Go to H24_Check

H21. How many employees (if any) do [did] you have? _____ employees [ENTER ZERO if none]

Check H20_Check = Farmer → Go to H22

Otherwise → Go to H24_Check

H22. How many acres do [did] you farm? _____ acres → Go to H24_Check

[BLAISE check: Not currently working [H8=4 to 10 AND H14=No: → Go to H23; otherwise go to H24_check]

H23. From the following reasons, could you tell me the most important reason for you not working in a paid job outside the home?

- A. I can't find a suitable job
- B. I prefer be at home to look after my family myself
- C. Problems finding or affording suitable childcare
- D. We would be no better off if I were in employment
- E. My own illness or disability
- F. Other reason (specify)

[H24_CHECK - BLAISE: CHECK WHETHER THERE IS A PARTNER IN THE HOUSEHOLD; IF YES → Go to H24; IF NO → Go to H26]

H24. What is the occupation of your spouse / partner? [If not currently employed, please record last occupation]

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

PRIEST, HOSPITAL CHAPLAIN

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

H25. What is [was] the main activity of the business /organisation where your spouse/partner works?
(What did the business mainly make or do?)

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

H26. 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 and Pandemic Unemployment Payment?

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%
<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

H27a. 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/USC as well as the 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 H28. IF EXACT FIGURE GIVEN GO TO H29]

Don't know.....99 € _____ **h27b. per** Week.....1 Month2 Year 3

H28. I know that it is difficult to give an exact figure for household income but perhaps you can tell me into which category it falls. I can read categories in amounts per week, per month or per year, whichever you prefer.

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI/USC

Per Week	Per Month	Per Year	Category
Under €230	Under €1,000.....	Under €12,000	A <input type="checkbox"/> 1 → Section A, H29
€231 to under €350	€1,001 to under €1,500.....	€12,001 to under €18,000	B <input type="checkbox"/> 2 → Section B, H29
€351 to under €460	€1,501 to under €2,000.....	€18,001 to under €24,000	C <input type="checkbox"/> 3 → Section C, H29
€461 to under €575	€2,001 to under €2,500.....	€24,001 to under €30,000	D <input type="checkbox"/> 4 → Section D, H29
€576 to under €800	€2,501 to under €3,500.....	€30,001 to under €42,000	E <input type="checkbox"/> 5 → Section E, H29
€801 to under €925	€3,501 to under €4,000.....	€42,001 to under €48,000	F <input type="checkbox"/> 6 → Section F, H29
€926 to under €1,150	€4,001 to under €5,000.....	€48,001 to under €60,000	G <input type="checkbox"/> 7 → Section G, H29
€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, H29
€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, H29
€1,851 or more	€8,001 or more.....	€96,001 or more	J <input type="checkbox"/> 10 → Section J, H29
Refused	<input type="checkbox"/> 77 GO TO H30	Don't KNOW.....	<input type="checkbox"/> 88 GO TO H30

H29. Would that be [Int: Read out amounts and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

	Per week	Per Month	Per Year
A	under €75 <input type="checkbox"/> 1	€0 to €300 <input type="checkbox"/> 1	€0 to €4,000 <input type="checkbox"/> 1
	€75 to €150 <input type="checkbox"/> 2	€301 to €650 <input type="checkbox"/> 2	€4,001 to €8,000 <input type="checkbox"/> 2
	€151 to €230 <input type="checkbox"/> 3	€651 to €1,000 <input type="checkbox"/> 3	€8,001 to €12,000 <input type="checkbox"/> 3
B	€231 to €270 <input type="checkbox"/> 1	€1,001 to €1,150 <input type="checkbox"/> 1	€12,001 to €14,000 <input type="checkbox"/> 1
	€271 to €310 <input type="checkbox"/> 2	€1,151 to €1,350 <input type="checkbox"/> 2	€14,001 to €16,000 <input type="checkbox"/> 2
	€311 to €350 <input type="checkbox"/> 3	€1,351 to €1,500 <input type="checkbox"/> 3	€16,001 to €18,000 <input type="checkbox"/> 3
C	€351 to €390 <input type="checkbox"/> 1	€1,501 to €1,700 <input type="checkbox"/> 1	€18,001 to €20,000 <input type="checkbox"/> 1
	€391 to €420 <input type="checkbox"/> 2	€1,701 to €1,800 <input type="checkbox"/> 2	€20,001 to €22,000 <input type="checkbox"/> 2
	€421 to €460 <input type="checkbox"/> 3	€1,801 to €2,000 <input type="checkbox"/> 3	€22,001 to €24,000 <input type="checkbox"/> 3
D	€461 to €500 <input type="checkbox"/> 1	€2,001 to €2,150 <input type="checkbox"/> 1	€24,001 to €26,000 <input type="checkbox"/> 1
	€501 to €535 <input type="checkbox"/> 2	€2,151 to €2,300 <input type="checkbox"/> 2	€26,001 to €28,000 <input type="checkbox"/> 2
	€536 to €575 <input type="checkbox"/> 3	€2,301 to €2,500 <input type="checkbox"/> 3	€28,001 to €30,000 <input type="checkbox"/> 3
E	€576 to €650 <input type="checkbox"/> 1	€2,501 to €2,800 <input type="checkbox"/> 1	€30,001 to €34,000 <input type="checkbox"/> 1
	€651 to €750 <input type="checkbox"/> 2	€2,801 to €3,250 <input type="checkbox"/> 2	€34,001 to €38,000 <input type="checkbox"/> 2
	€751 to €800 <input type="checkbox"/> 3	€3,251 to €3,500 <input type="checkbox"/> 3	€38,001 to €42,000 <input type="checkbox"/> 3
F	€801 to €850 <input type="checkbox"/> 1	€3,501 to €3,650 <input type="checkbox"/> 1	€42,001 to €44,000 <input type="checkbox"/> 1
	€851 to €880 <input type="checkbox"/> 2	€3,651 to €3,800 <input type="checkbox"/> 2	€44,001 to €46,000 <input type="checkbox"/> 2
	€881 to €925 <input type="checkbox"/> 3	€3,801 to €4,000 <input type="checkbox"/> 3	€46,001 to €48,000 <input type="checkbox"/> 3
G	€926 to €1,000 <input type="checkbox"/> 1	€4,001 to €4,300 <input type="checkbox"/> 1	€48,001 to €52,000 <input type="checkbox"/> 1

	€1,001 to €1,050 <input type="checkbox"/> ₂	€4,301 to €4,600 <input type="checkbox"/> ₂	€52,001 to €56,000 <input type="checkbox"/> ₂
	€1,051 to €1,150 <input type="checkbox"/> ₃	€4,601 to €5,000 <input type="checkbox"/> ₃	€56,001 to €60,000 <input type="checkbox"/> ₃
H	€1,151 to €1,250 <input type="checkbox"/> ₁	€5,001 to €5,500 <input type="checkbox"/> ₁	€60,001 to €66,000 <input type="checkbox"/> ₁
	€1,251 to €1,375 <input type="checkbox"/> ₂	€5,501 to €6,000 <input type="checkbox"/> ₂	€66,001 to €72,000 <input type="checkbox"/> ₂
	€1,376 to €1,500 <input type="checkbox"/> ₃	€6,001 to €6,500 <input type="checkbox"/> ₃	€72,001 to €78,000 <input type="checkbox"/> ₃
I	€1,501 to €1,600 <input type="checkbox"/> ₁	€6,501 to €7,000 <input type="checkbox"/> ₁	€78,001 to €84,000 <input type="checkbox"/> ₁
	€1,601 to €1,750 <input type="checkbox"/> ₂	€7,001 to €7,500 <input type="checkbox"/> ₂	€84,001 to €90,000 <input type="checkbox"/> ₂
	€1,751 to €1,850 <input type="checkbox"/> ₃	€7,501 to €8,000 <input type="checkbox"/> ₃	€90,001 to €96,000 <input type="checkbox"/> ₃
J	€1,851 to €2,100 <input type="checkbox"/> ₁	€8,001 to €9,250 <input type="checkbox"/> ₁	€96,000 to €110,000 <input type="checkbox"/> ₁
	€2,101 to €2,400 <input type="checkbox"/> ₂	€9,251 to €10,500 <input type="checkbox"/> ₂	€110,001 to €125,000 <input type="checkbox"/> ₂
	€2,401 or more <input type="checkbox"/> ₃	€10,501 or more <input type="checkbox"/> ₃	€125,001 or more <input type="checkbox"/> ₃

H30. Can I just check, does anyone in your household receive income from farming? Yes₁ No₂

H31. A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

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

H32. Compared to when we last interviewed you in [MM/YYYY], how would you say the overall financial situation of your family has changed? Would you say you are ... [INTERVIEWER: READ OUT]

Much better off now	Somewhat better off now	No change	Somewhat worse off now	Much worse off now
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

H33. Do your family have access to a car?

Yes₁ → Go to H35 No.....₂ → Go to H34

H34. Would your family like to have a car but you cannot afford it?

Yes₁ No.....₂

H35. Can your household afford an unexpected expense of €1,000 without borrowing? [If using credit card, then the amount should be paid within 1 month.]

Yes₁ No.....₂

J. About You

Now some more questions about yourself

J1. [Forward feed of parental education from last interview] What is the highest level of education (full-time or part-time) which you have completed to date?

1. Primary education or less₁

Second Level

2. Lower Secondary₂

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

3. Upper Secondary₃

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

4. Technical or Vocational qualification.....₄

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

5. Both Upper Secondary and Technical or Vocational qualification₅

Third Level

6. National Certificate, Diploma QQI/Institute of Technology or equivalent, Nursing Diploma (Non Degree)₆

7. Primary Degree₇

(Third Level Bachelor Degree)

8. Professional qualification (of Degree status at least, e.g. Chartered Accountant/Surveyor)₈

9. Both a Degree and a Professional qualification 9
 10. Postgraduate Diploma or Postgraduate Degree (Masters)..... 10
 11. Doctorate (Ph.D) or Higher Doctorate 11

J2. What language do you speak most often at home?

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

J3. Do you belong to any religion? Yes..... 1 No..... 2

J4. Which religion?

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

J5. Are you a citizen of Ireland? Yes 1 No..... 2

J6. What citizenship do you hold? _____

[BLAISE Condition ASK J7—J8 IF NON RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

J7. Were you born in Ireland? Yes 1 No..... 2

J8. In which country were you born? _____

J9. How long ago did you first come to live in Ireland?

Within the last year	1-5 years ago	6-10 years ago	11-20 years ago	More than 20 years ago	Don't Know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99

J10. 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

K. Neighbourhood/Community

Now we have some questions about your local area.

K1. How long have you lived in your local area? _____ years OR _____ months

K2. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?

Yes 1 No 2

K3. How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common, fairly common, not very common, or not at all common.

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

K4. To what extent do you agree or disagree with these statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. This is a safe area for my 13-year-old	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. There are places in this area where teenagers can safely hang out	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. There are facilities such as youth clubs, swimming clubs, sports clubs, for teenagers in this area (even if they are closed at the moment due to Covid measures).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Most people in your neighbourhood can be trusted.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. You feel a strong sense of identity with your neighbourhood.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

K5 Is there a park, beach or green space within 2 kilometers (about a mile) of home where your family can walk or exercise?

Yes 1 No 2

Time Ended

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Date _____
day

_____ mth
_____ year



Growing Up in Ireland
STRICTLY CONFIDENTIAL
Primary Caregiver Self-Complete Questionnaire
Cohort '08 at 13 years of age

CSO Identifier

PIN

Time Started

Date

 /

 /

 day mth year

Preliminaries

Please confirm that you have read the Information Sheet, discussed participating with your interviewer and agree to take part in the survey:

Yes, I agree to take part ₁
No, I do not wish to take part ₂ Go to end

S1. Are you male or female?

Male ₁ Female..... ₂ Other ₃

S2. What is your date of birth?

 /

 /

 DD / MM / YYYY

Couple relationship

S3. Because the issue of family life is so important, we would now like to ask some questions about your family and marital history. Can you tell me which of these best describes your current marital status?

Married and living with husband / wife..... ₁ **Go to S5**
 Married and separated from husband / wife ₂ **Go to S4**
 Divorced..... ₃ **Go to S4**
 Widowed..... ₄ **Go to S4**
 Never married (including living with partner) ₅ **Go to S4**

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

Yes ₁ → Go to 55 No ₂ → Go to 56

55. Since what year have you and your spouse / partner been living together? _____ (mth) _____ (year) → Go to 57

56. Are you currently in a relationship with someone outside the household?

Yes ₁ → Go to 57 No ₂ → Go to S10

[Questions for PCG who is in a relationship]

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

- Most days ₁
- At least once a week ₂
- Less than once a week ₃
- Hardly ever ₄
- Never ₅

58. _____

59. _____

Parenting stress

S10 _____

Weight

S11a. What is your weight at the moment? [Tick one Kilos ₁ Pounds ₂ Stone and Pounds ₃ _____ [weight]

S11b. Is this an estimate or have you weighed yourself in the last month? Estimate ₁ Weighed self in last month ₂

Alcohol, smoking, other substances

<p>S12. Which of the following best describes how often you usually drink alcohol?</p> <p>1. Never <input type="checkbox"/> 1 Go to S16</p> <p>2. Less than once a month <input type="checkbox"/> 2 Go to S16</p> <p>3. 1-2 times a month <input type="checkbox"/> 3 Go to S16</p> <p>4. 1-2 times a week <input type="checkbox"/> 4 Go to S13</p> <p>5. 3-4 times a week <input type="checkbox"/> 5 Go to S13</p> <p>6. 5-6 times a week <input type="checkbox"/> 6 Go to S13</p> <p>7. Every day <input type="checkbox"/> 7 Go to S13</p>	<p><i>If they currently drink alcohol between every day and 1-2 times a week ask:</i></p> <p>S13. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, or other alcohol would you drink?</p> <p>(a) Pints of Beer/Cider ____ (b) Glasses of Wine ____</p> <p>(c) Measures of Spirits ____ (d) Other alcohol (number) ____</p> <p style="text-align: right;">→ Go to S14/S15</p>
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For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

[ASK S14 ONLY OF FEMALE RESPONDENTS]

S14. How often do you have 6 or more alcoholic drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[ASK S15 ONLY OF MALE RESPONDENTS]

S15. How often do you have 8 or more alcoholic drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S16. Do you currently smoke daily, occasionally or not at all? (Please only think about cigarettes or cigars, we will ask you separately about 'vaping' and e-cigarettes?)

Daily..... **1** Occasionally **2** Not at all **3**

S17. About how many cigarettes or cigars do you smoke on average each day?

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

S18. Do you currently use 'vapes' or e-cigarettes?

Daily..... **1** Occasionally **2** Not at all **3**

S19. Including yourself, how many members of the household smoke? ____N

S20. Do you smoke cannabis?

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

S21. Do you take any drugs such as ecstasy, speed, heroin, methadone, crack or cocaine?

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

Emotional wellbeing

S22

Talking about sexual health

S23. Have you spoken to your 13-year-old personally about the following sexual health issues?

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a) 1. Sex and sexual intercourse | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b) 2. Sexual feelings, relationships and emotions..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c) 3. Contraception | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d) 4. Safer sex/sexually transmitted infections/ venereal diseases | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e) 5. Sexual orientation (e.g. homosexuality, heterosexuality etc) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f) 6. Sharing explicit sexual texts (sexting) or images..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

Non-resident parent

S24. Can we check, does your 13-year-olds biological father/ mother live here with you or elsewhere?

- Lives here ₁ → **Go to S32**
 Deceased..... ₂ → **Go to S32**
 Temporarily lives elsewhere ₃ → **Go to S32**
 Lives elsewhere..... ₄ → **Go to S25**

Parent Living Elsewhere Section (S25-S31)

S25. Were you ever married to or did you ever live with your 13-year-olds biological father / mother?

- Yes, married to..... ₁ Yes, lived with..... ₂ No ₃ **Go to S27** Adoptive / Foster parent ₄ **Go to S32**

S26. What age was your 13-year-old when you split or separated from their biological father / mother? _____

S27. How often does your 13-year-old have face-to-face contact with his / her biological father / mother?

- | | | | |
|-----------------------------------|---------------------------------------|------------------------------|---------------------------------------|
| Daily | <input type="checkbox"/> ₁ | Monthly..... | <input type="checkbox"/> ₅ |
| More than once a week | <input type="checkbox"/> ₂ | Less than once a month | <input type="checkbox"/> ₆ |
| Weekly | <input type="checkbox"/> ₃ | No contact..... | <input type="checkbox"/> ₇ |
| Every second week / weekend | <input type="checkbox"/> ₄ | | |

S28. How often does your 13-year-old have other contact (not face-to-face) with his / her biological father / mother?

- | | | | |
|-----------------------------------|---------------------------------------|------------------------------|---------------------------------------|
| Daily | <input type="checkbox"/> ₁ | Monthly..... | <input type="checkbox"/> ₅ |
| More than once a week | <input type="checkbox"/> ₂ | Less than once a month | <input type="checkbox"/> ₆ |
| Weekly | <input type="checkbox"/> ₃ | No contact..... | <input type="checkbox"/> ₇ |
| Every second week / weekend | <input type="checkbox"/> ₄ | | |

S28a Did the amount of face-to-face contact between your 13-year-old and his/her biological father/mother living elsewhere change because of the Covid pandemic?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Reduced a lot | Reduced a little | Stayed the same | Increased a little | Increased a lot |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

S29. Does your 13-year-olds biological father / mother make ANY financial contribution to your household and the maintenance of the 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
 Doesn't make a payment but regularly buys things for child (e.g. clothes, toys, meals out) ₄

S30. How often do you talk to your 13-year-olds biological father/ mother about them?

- | | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 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 |

S31. How well do you get on with your 13-year-olds biological father/ mother? Would you say your relationship is?

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

Final Section (Pregnancy, if female; How survey completed)

[ASK ONLY OF FEMALE RESPONDENTS]

S32 [If Male go to S33] Can I check, are you currently pregnant? [This information is collected to put other responses – such as health and weight - in context] Yes.....₁ No.....₂

S33. Can you tell us on which type of device you completed this survey:

- Desktop computer₁
- Laptop computer₂
- Tablet / iPad.....₃
- Smartphone₄

Thank you very much for taking part in the Growing Up in Ireland survey.

If you have any queries about the survey please email growing.up@esri.ie or visit www.growingup.ie for further information.

If you would like to talk to someone about any issues raised in this Questionnaire, please see <https://www.growingup.ie/pubs/Parent-Support-Services.pdf> for resources

Time Ended

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Date ____ ____ ____ day ____ mth ____ year

Growing Up in Ireland

Young Person Main Questionnaire

Cohort '08 at 13 years of age

ID

--	--	--	--	--	--	--	--

Time Started

--	--	--	--

 (24 hour clock)

Date
 day mth year

A. Preliminaries

[Script at beginning of survey takes the respondent through the main points on the Information Sheet and affirms their consent to participate]

A1. Please confirm that you have read the Information Sheet, discussed participating with your guardian and agree to take part in the survey:

Yes, I agree to take part ₁
 No, I do not wish to take part..... ₂ Go to end

B. Activities and Time at Home During Covid-19 Restrictions

First, some questions about your recent experience during the Covid-19 pandemic.

B1. Thinking of the time during the most recent Level 5 restrictions when the schools were closed, please say whether each of the following was always true, sometimes true or not true for you.

	ALWAYS TRUE	SOMETIMES TRUE	NOT TRUE
a. I had a quiet space to study	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. I missed my friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. I had a chance to attend school lessons with my teacher on the internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. My parent(s) helped with my school work.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

B2. Still thinking now of the time during the most recent Level 5 restrictions when the schools were closed, please say whether each of the following was always true, sometimes true or not true for you.

	ALWAYS TRUE	SOMETIMES TRUE	NOT TRUE
a. I enjoyed the extra time with my family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. I worried about the virus infecting me or someone else in my family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. I learned some new skills or improved existing skills.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. I was able to keep in touch with my friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. I ate more snack foods than usual	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

B3. Thinking about how much exercise you got during the most recent Level 5 restrictions when the schools were closed, how did this compare to before the restrictions?

A lot more	A little more	About the same	A little less	A lot less
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

C. Activities

Please indicate (a) how often you do each of these activities and (b) if you never do them or do them less often than once a month, the main reason.

	(a) How often			(b) less often/never, what is the main reason		
	At least once a week	At least once a month	Less often or never	No interest	Covid restrictions	Other reason
C1. Play sports with a coach or instructor, or as part of an organised team, other than in P.E. class? (swimming, soccer, GAA games, hockey, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C2. Take part in dance lessons	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C3. Take part in art, crafts, drama or music lessons / clubs / rehearsals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C4. 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

C5. 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

C6. How many times a week do you do these activities for fun or to relax.

	Every day	3 to 6 times a week	Once or twice a week	Less than once a week / Never
a. Reading for fun (include Kindle or other e-book reader) (not for school)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Singing or playing a musical instrument	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Physical activities or sports without a coach or instructor (e.g. dancing, swimming, biking, soccer, running)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Drawing/painting/crafts (such as model-making, knitting)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Going to the cinema	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Spending time with pets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Hanging out with friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

D. Internet and Screen Time

D1. Do you have any of the following that you can use to access the internet?

	Yes, for my sole use	Yes, but shared with someone else	No
a. Smartphone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Tablet (no keyboard)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Tablet with a keyboard	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Laptop computer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Other computer (including desktop)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Other device, such as gaming console	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

D2. I am now going to ask you about how much time you spend on each of the following activities on a typical day (where it is your main activity at the time)? Please include time before school as well as time after school and include any screen-based device: TV, computer, tablet, smart-phone. Do not include time spent using computers in school or for online class work. For each, please answer separately for weekdays and weekend days.

	None	Up to one hour [less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more
On a Weekday during term time, how much time do you spend....?							
a. Watching television /films/ videos (on TV set, tablet or other device)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
b. Playing video/computer games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
c. Other online or screen-based activities	<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
On a Weekend day or holiday, how much time do you spend...?							
d. Watching television /films/ videos (on TV set, tablet or other device)	<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

e. Playing video/computer games	<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
f. Other online or screen-based activities	<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

D3. Do you have your own account or profile on a social networking or social media site that you currently use (such as Instagram or WhatsApp)? Yes ... 1 No ... 2

D4. Do you have your own account or profile on a gaming site that you currently use (such as Fortnite)? Yes ... 1 No ... 2

D5. In the PAST YEAR, how often have these things happened to you?

	Never	A few times	At least once a month	At least once a week	Daily or almost daily
a. I have felt bothered when I cannot be on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I have spent less time than I should with either family, friends or doing schoolwork because of the time I spent on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I have gone online to look for information to help me with a problem	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

D6. How much do you think your parent/guardian knows about what you do on the internet?

Nothing	Just a little	Quite a bit	A lot
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

ROUTING – ask D7 and D8 if 1 or 2 for any device at D1 (has internet device); Otherwise go to D9]

D7. Thinking about your phone or other internet device, how often, if ever do you . . .

	Never	Hardly ever	Sometimes	Often	Very often	
a. Feel as if you have to respond to messages/posts from other people immediately	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
b. Feel safer when you are out and about because you have your phone with you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	No phone <input type="checkbox"/> 6
c. Have your smartphone or other internet device in your bedroom and connected to the internet during the night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

D8. To what extent do you use your smartphone or tablet while doing any of these other activities?

	Never	Hardly Ever	Sometimes	Often	Vey often	Activity does not apply
a. Travelling (to/from school / other activities)	<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. Eating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
c. Watching TV or movies on another device	<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. Doing homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
e. Relaxing with family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
f. Hanging out 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

D9. How often, if ever, do you feel that your parent or caregiver is distracted by their smartphone when you are trying to have a conversation with them?

Never1 Hardly ever2 Sometimes3 Often4 Very often5

E. School and Education

Now some questions about your experiences of school and education

E1. What class did/will you start in September 2021?

- Home schooled1 → Go to E12
- 5th class.....2 → Go to E9
- 6th class.....3 → Go to E9
- 1st year4
- 2nd year.....5
- Other class at second level6
- Other class at primary level7 → Go to E9

Section for Students in Second Level Schools since last September

E2 Please tick the subjects you are taking from last September . For Irish, English and Maths, please tick which level you are studying.

Irish Higher ₁ Ordinary ₂ Not sure yet ₃ Don't take Irish ₄
 English Higher ₁ Ordinary ₂ Not sure yet ₃
 Mathematics Higher ₁ Ordinary ₂ Not sure yet ₃
 History ₁ Business Studies ₁
 Geography ₁ Civic, Social and Political Education (CSPE)..... ₁
 French ₁ Physical Education ₁
 German ₁ Social, Personal and Health Education (SPHE)..... ₁
 Spanish ₁ Other (please specify)..... ₁
 Religious Education ₁
 Visual Art ₁
 Music ₁
 Science ₁
 Home Economics ₁
 Wood Technology ₁
 Engineering ₁
 Graphics ₁

E3. Did you take any short courses this year? Yes ... ₁ No ... ₂

E4. Did you have any choice over what subjects you did this year? Yes, a lot ... ₁ Yes, a little ... ₂ No ... ₃

E5. How many of your friends from primary school are ... [tick one box on each line]

	None	One	Two	3 or more	Still at primary school
... in your secondary school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

E6. Here are some views about how you settled into your secondary school. There are no right or wrong answers. For each statement please select an answer to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I feel I am 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
b. I miss my 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
c. I worry about making new friends.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. I am getting on 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
e. I have made new friends.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. I am involved in organised activities after school or at lunchtime.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. I get 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

E7. In general, thinking about all your subjects, how regularly do the following take place in your classes when schools are open? [TICK ONE BOX ON EACH LINE]

	Very regularly	Quite regularly	Now and again	Never or hardly ever
a. We copy notes from the whiteboard	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. I work in a group with other students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. We use computers or tablets in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. I make a presentation to the class.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. I can express my opinions in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. I can show what I have learnt in different ways -- not just written tests.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. We have projects to do outside class time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. We get a say in what happens in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

E8. In general, thinking about all your teachers, how regularly do they do the following in your classes when schools are open? [TICK ONE BOX ON EACH LINE]

	Very regularly	Quite regularly	Now and again	Never or hardly ever
a. The teacher reads from the textbook	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. The teacher goes too slowly with the class.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. The teacher explains things really well	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. The teacher does most of the talking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. The teacher gives me feedback on how I'm doing.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

f. The teacher goes too quickly with the class..... 1..... 2..... 3..... 4

E9 for Students in fifth or sixth class since last September

E9. 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
a. I am 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
b. I am 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
c. I am 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

E10 for all except Home Schooled since last September

E10. How do you feel about school in general? [TICK ONE BOX ONLY]

I like it very much	I like it quite a bit	I like it a bit	I don't like it very much	I hate it
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E11. In general, how often do the following things happen to you in school, when schools are open? [TICK ONE BOX ON EACH LINE]

	Very often	Often	A few times	Never
a. 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
b. You are encouraged to ask questions in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. A teacher praises you for answering a question	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. 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
e. 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
f. 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

E12. On average how much time do you spend doing homework and/or study on a normal weekday during term-time when schools are open?

Half an hour or less [0 to 30 minutes]	Half to one hour [31 minutes to less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	[4 or more hours]		Don't do homework
<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

E13. 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
a. Maths.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Irish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. English.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E14. 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
a. Maths.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Irish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. English.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E15. 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 2 → Go to E17

E16. What subjects did you get extra help in? [TICK ALL THAT APPLY]

English/Reading 1 Maths 2 Irish 3 Other subject 4

E17. 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
a. I was late for school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. 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
c. I skipped classes or mitched.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I 'messed' in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. 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
f. 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
g. I was suspended from school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E18. How many days were you absent from school in the last 12 months (not counting any time the whole school or your whole class was closed because of holidays, Covid-19 or any other reason)? _____

E19. What is the highest qualification you expect to get by the time you finish your education? [TICK ONE BOX ONLY]

Junior Cert.	Leaving Cert.	Certificate or Diploma (including PLC, apprenticeship)	Degree or higher degree
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

F. Parent Supervision and Discipline; Pocket Money

F1. On an average school day, when schools are open, how much time in a day do you spend alone at home while nobody else is home? [TICK ONE BOX ONLY]

None	Up to one hour [Less than 1 hour a day]	1 to 2 hours [1 to less than 2 hours a day]	2 to 3 hours [2 to less than 3 hours a day]	3 to 4 hours [3 to less than 4 hours a day]	5 to 6 hours [4 to less than 6 hours a day]	6 hours or more [6 or more hours a day]
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

F2. The following questions refer to the rules and limits your parents may place on your activities. Redacted

	Almost never or never	Not very often	Some-times	Often	Almost always or always	Not applicable / don't do it
	<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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<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. 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. Shout at you.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Send you out of the room or to your bedroom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Stop your treats or pocket money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Give out to you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Offer you treats to be good	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Ground you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Remove your phone/tablet/internet access.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

F4. Do you get money to spend on yourself from any of the following? [TICK ALL THAT APPLY]

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

F5. About how much money, in total, do you receive when you put all these sources together? € _____ per [week/month] _____

G. Physical activities, Chores, Food and Self-Care

Now some questions about exercise and sport.

G1. Over the past 7 days on how many days were you physically active for a total of at least an hour (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. Physical activity can be done in sports, school physical education class, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, cycling, dancing, skateboarding, swimming, soccer and football.

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

G2. Over the past 7 days on how many days did you take part in light exercise for a total of at least an hour (60 minutes) per day? Light exercise is not hard enough to make you breathe heavily or make your heart beat faster. Examples include slow walking, or slow cycling.

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

G3. Over the last week, how much time did you spend ...

	None	Up to one hour [Less than 1 hour]	1 to 2 hours [less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more [5 or more hours]
a. helping with tasks inside the house, such as cleaning, tidying, laundry, preparing meals, taking care of younger children or sick family members?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
b. helping with tasks outside the house such as gardening, taking out the bins, washing the car or helping on a family farm?	<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

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

G4. How often do you

	Every day	5 or 6 days a week	3-4 days a week	1-2 times a week	Less than once a week /Never
a. Have breakfast (either at home or at school)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Have lunch	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Have dinner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Have a snack between meals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

[If snack every day or 5-6 days a week → Go to G5; Otherwise → Go to G7]

G5. About how many snacks most days? _____

G6. How many of these snacks are sugary foods or drinks (e.g. sweets, chocolate, sugary drinks, juices _____)?

G7. How often do you brush your teeth? [TICK ONE BOX ONLY]

More than twice a day	Twice a day	Once a day	Less often than once a day	Rarely	Not at all
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Now some questions about sleep. Please think about a week night during term time, when the schools are open.

G8. What time do you normally go to sleep on a week-night? Give the time of going to sleep rather than going to bed if these are different). ____ [hour] : ____ [minutes after the hour, 0 if none]

G9. And what time do you normally wake up on a week-day ____ [hour] : ____ [minutes after the hour, 0 if none]

H. Things You Have or Can do

Now some questions about things you have or can do

H1. Young people differ in the kinds of things they have or can do. For each of the following, please select the answer that best describes your situation

	Yes, I have	No, but do not want or need	No, but would like to have
a. Do you have the right kind of clothes to fit in with other people your age	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Do you have books (including e-books) at home suitable for your age	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Do you have your own bed or bunk bed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Do you have the right kind of electronic devices to keep in touch, or play games, with other people your age	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Do you have a suitable place at home to study or do your homework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
	Yes, I can	No, but do not want to	No, but would like to
f. Can you invite friends over from time to time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Can you have a celebration for your birthday or special events	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Can you go on school trips or to school events	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Can you have a meal out with your family at least once a month	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. Can you go on a family holiday at least once a year (in Ireland or elsewhere)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

J. Feelings and How you See Yourself

J1. Now some questions on how you have been feeling. Please think about the last four weeks. **Redacted**

How much of the time in the past four weeks have you ...	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
	<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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
	<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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

And now, some more questions about you ...

J2. How would you describe yourself? Would you say you are:

Very skinny	A bit skinny	Just the right size	A bit overweight	Very overweight
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

J3. Have you ever exercised to lose weight or to avoid gaining weight? Yes.....₁ No.....₂

J4. 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

J5. On a scale of 0 to 10 where 0 is 'not satisfied at all' and 10 is 'completely satisfied', how satisfied are you with your life these days?

0	1	2	3	4	5	6	7	8	9	10
Not at all satisfied										Completely Satisfied
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀

J6. Here is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement. Redacted

How much of the time in the past four weeks have you ...	Strongly agree	Agree	Disagree	Strongly disagree
	<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	<input type="checkbox"/> 4
	<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	<input type="checkbox"/> 4
	<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	<input type="checkbox"/> 4

K. Siblings and Friends

Now some questions about your brothers and sisters and your friends

K1. Do you have any brothers or sisters living at home? Yes 1 No 2

K2. [If yes] How often do you do any of the following with any of your brothers or sisters?

	Never	Less than once a week	Once a week	2-5 times a week	Nearly every day
a. Play computer or video games together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Listen to music together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Spend time together on another hobby or interest	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Go out together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Argue with one another	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Push, shove or hit one another	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Play sports (e.g. football, gymnastics) together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Help each other with homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

K3. How many friends do you normally hang around with? [TICK ONE BOX ONLY]

- A. None..... 1 [Go to K9](#)
 B. One or two 2
 C. Between 3 and 5 3
 D. Between 6 and 10 4
 E. More than 10..... 5

K4. How many of these would you describe as CLOSE friends? _____

K5 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 |

K6. 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

K7. When you need to talk to your friends about something, how do you do it?

	Often	Sometimes	Never
a. By phone or voice call or video call	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. By text message (including WhatsApp)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Through post on social media	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. In person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

K8: Thinking about how you get on with your friends, would you say the following things are 'always true', 'sometimes true' or 'not true'?

ALWAYS TRUE SOMETIMES TRUE NOT TRUE

- a. I have fun with my friends..... 1 2 3
 b. My friends would help me out if I needed them 1 2 3

K9 (was S1). If you had a problem or needed support, would you talk about it to any of the following?

[Tick all that apply]

- a. Parent(s) 1
- b. Teacher 2
- c. Some other adult in the school (such as guidance counsellor, class tutor)..... 3
- d. Friends 4
- e. Brother or sister 5
- f. Grandmother/grandfather 6
- g. Someone else..... 7
- h. Nobody 8

K10 (Was L1). Looking to the future, what job would you really like to get? _____

Ending Script:

If this interview (or the web survey) has raised any issue that you are concerned about, perhaps you could talk it over with your [mother/father/guardian].

There is also a list of support services you can contact that we sent you by post.

This list of support services also be found on the website. Go to www.growingup.ie and either click on the red button at the top of the home page or open the 'menu' if you are using a smartphone.

Growing Up in Ireland

Young Person Self-Complete Questionnaire [if consent given by PCG] Cohort '08 at 13 years of age

Preliminaries

Welcome to this survey from the **Growing Up in Ireland** study.

If there is any question you do not wish to answer, you can select 'Save and continue' to skip it and move on to the next question.

S1. Please enter your unique ID, given to you by your interviewer _____ S1.

S1a. Please confirm that you have read the Information Sheet, discussed participating with your interviewer and agree to take part in the survey

[Yes, I agree to take part; No, I do not wish to take part]

S1b. Can you tell us on which type of device you completed this survey?

[Desktop, Laptop, Tablet/iPad, Smartphone]

S1c. What is your date of birth? [dd/mm/yyyy] _____

Sources of Information

S2. This school year have you been taught the following in your school:

- | | | | | | | |
|---|---------|--------------------------|---|-------|--------------------------|---|
| a. Relationships and Sexuality Education (RSE) | Yes ... | <input type="checkbox"/> | 1 | No... | <input type="checkbox"/> | 2 |
| b. How to stay healthy (e.g. diet and exercise) | Yes ... | <input type="checkbox"/> | 1 | No... | <input type="checkbox"/> | 2 |
| c. How to feel good about myself and my life | Yes ... | <input type="checkbox"/> | 1 | No... | <input type="checkbox"/> | 2 |

S3. Have you ever discussed sex and/or relationship issues with your parent(s) / guardian(s)? Yes ... 1 No... 2

S4. 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 <input type="checkbox"/> | <input type="checkbox"/> | 14 |

Sexual Orientation, Puberty

S5a Do you have a boyfriend or girlfriend at the moment? Yes ... 1 No... 2

S5b. Are you attracted to ...[Please indicate which best describes you]

Girls	Boys	Both girls and boys	I am not attracted to anyone	Not sure / still deciding	Prefer not to say
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

S6 We now have one or two questions which are different for boys and girls. Please indicate which questions are appropriate for you: [Tick one box]

Questions for boys 1 → Go to S7b

Questions for girls 2 → Go to S7g1

Neither..... 3 → Go to S8

BOYS ONLY ['Questions for boys' at S6]

S7b. Boys' bodies develop at different rates. We would like to ask you about your stage of development at the moment.

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

- | | | | | | |
|--|--------------------------|---|-------------------------------------|--------------------------|---|
| No, it is the same | <input type="checkbox"/> | 1 | Yes, it is now totally changed..... | <input type="checkbox"/> | 3 |
| Yes, occasionally it is a lot lower..... | <input type="checkbox"/> | 2 | Not sure | <input type="checkbox"/> | 4 |

GIRLS ONLY ['Questions for girls' at S6]

S7g1. Girls can start their periods at different ages. Have you started your periods yet?

Yes ₁ No ₂ – Go to Question S8

S7g2. What age were you when you had your first period? _____ years _____ months

Anti-social behaviour

S8. How often in the last year have you done any of the following? [TICK ONE BOX ON EACH LINE]

- | | Never | Once | 2 or more
times |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Not paid the correct fare on a bus or train..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b) Taken something from a shop or store without paying for it..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c) 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 |
| d) 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 |
| e) 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 |
| f) 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 |
| g) 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 |
| h) 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 |

The people responsible for the study must remind you that these activities are risky (some are also against the law) and could result in you or somebody else getting hurt.

S9. Have you ever been in trouble with the Gardai? Yes ₁ No ₂

Mental Health

S10_1. The next set of questions are about how you have been feeling or acting 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. If it was only sometimes true, answer SOMETIMES. If a sentence was not true about you, answer NOT TRUE. **Redacted**

- | | TRUE | SOMETIMES | NOT TRUE |
|----|------|-----------|----------|
| A. | | | |
| B. | | | |
| C. | | | |
| D. | | | |
| E. | | | |
| F. | | | |
| G. | | | |
| H. | | | |
| I. | | | |
| J. | | | |
| K. | | | |
| L. | | | |
| M. | | | |

S10_2. Have you ever heard voices or sounds that no-one else can hear? ₁ ₂ ₃

No, never Maybe Yes, definitely

Experience of Bullying and Bullying Others

S11. Have you been bullied in the last 3 months? Yes ₁ No ₂

S12. Have you experienced any of the following from a child or young person in the **last 3 months**? Please indicate the number of times.

	Never	Once	2 or more times
A. Been hit, kicked or punched	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
B. Been pushed, shoved or slapped	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C. Name-calling, hurtful slagging	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
D. Been sent hurtful message by text, email or other message app.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
E. Had something hurtful posted online about you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
F. Someone circulating upsetting note/ photo/video or graffiti about you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
G. Someone taking / damaging your personal possessions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
H. Exclusion (being left out)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I. Gossip, spreading rumours about you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
J. Threatened / forced to do things you didn't want to do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

[If 'No' to S11 and 'Never' to all items at S12, Go to S17]

S13. Did any of these experiences involve the same person or people on more than one occasion? Yes ... ₁ No ... ₂

S14. Did this person or people intend to be hurtful? Yes ... ₁ No ... ₂ Not sure ... ₃

S15. When these things happened, how did this make you feel ... ? [TICK ONE BOX ON EACH LINE]

- a. Upset?Not at all ... ₁ A little ... ₂ A lot ... ₃
- b. Afraid?Not at all ... ₁ A little ... ₂ A lot ... ₃
- c. Angry?Not at all ... ₁ A little ... ₂ A lot ... ₃

S16. Have you told a parent, teacher or other adult about this experience? Yes ₁ No.....₂

S17. In the last 3 months have you bullied someone? Yes..... ₁ No ₂

Cigarettes, alcohol and other substances

S18. Have you ever smoked a cigarette? Yes ₁ No ₂ – Go to S21

S19. 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
- I do not smoke at present..... ₄

S20. How many cigarettes do you usually smoke in a week?

_____ cigarettes a week

S21. Have you ever smoked an e-cigarette (also known as 'vaping')? Yes ₁ No ₂

S22. Compared to cigarettes, do you think that e-cigarettes are:

- More harmful ₁ Equally harmful ₂ Less harmful ₃ Don't know ₄

S23. 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 S25

S24. How often do you drink alcohol now? Try to include even those times when you only drink a small amount.

Never	Rarely	Only on special occasions	At least once a month	At least once a week	Every day
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

S25. Have you ever used cannabis? [also called 'hash', 'grass', 'weed' or 'pot'] Yes ... ₁ No ... ₂

S26. 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

S27. Have you ever used any other drugs (such as ecstasy, speed, heroin, methadone, crack or cocaine)? Yes ... ₁ No ... ₂

The people responsible for the study must remind you that these activities are risky (some are also against the law) and could result in you or somebody else getting hurt. Drinking alcohol, taking drugs, fighting and so on always cause lots of damage and pain for everyone involved.

(Parenting Style Questionnaire for main person who looks after 13-year-old)

We would now like to ask you some questions about the parent or guardian whom you live with and usually looks after you. Even if you live with two parents/guardians, please just keep one of them in mind when answering the next set of questions.

S28_1. How well do you get on with this parent or guardian who usually looks after you?

Very well	Fairly well	We 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.
- 3.
- 4.
- 5.
- 6.

You may remember that we asked you and your parent/guardian to measure your height and weight so that you could tell us in this survey. Please fill in those measurements here if you have them. If you don't, please give us your best estimate here.

S29a. What is your height at the moment? You can use either 'feet and inches' or 'centimetres' but let us know which it is.

Tick one [centimetres 1; inches 2; Feet and inches 3 __ [height]_____]

S29b Is this an actual measurement taken in the last month or your best guess?

Best guess 1 GO TO S30a Measured in last month 2 GO TO S29c

S29c [if measured] Did your parent/guardian or another adult help you take this measurement?

Yes 1 No 2

S30a And what is your weight? You can use 'kilos', 'pounds' or 'stone and pounds' but let us know which one.

[Tick one [Kilos 1; Pounds 2; Stone and Pounds 3 _____ [weight]

S30b Is this an actual measurement taken in the last month or your best guess?

Best guess 1 GO TO S31 Measured in last month 2 Go to S30c

S30c [if measured] Did your parent/guardian or another adult help you take this measurement?

Yes 1 No 2

S31. Thinking ahead to when you will be an adult, which of the following do you most look forward to [Please tick one box]:

- a. Studying, training or doing an apprenticeship 1
- b. Getting a job 2
- c. Living in my own place..... 3
- d. Travelling to different countries 4
- e. Deciding for myself things like what to eat or wear 5
- f. Making new friends 6
- g. Having my own money to spend as I wish..... 7

S32. Were you alone when completing the questionnaire?

Yes 1

No..... 2

S33. Were any of the following people in the room with you? **[TICK ALL THAT APPLY]**

Parent 1

Brother / sister 3

Other adult 2

Other child..... 4

Time Ended

--	--	--	--

Date ____
 day mth year

Thank you very much for taking part in the *Growing Up in Ireland* survey.

If you have any queries about the survey please email growingupat13@esri.ie or visit www.growingup.ie for further information.

If this survey has raised any issue that you are concerned about, perhaps you could talk it over with your [mother/father/guardian].

There is also a list of support services you can contact that we sent you by post.

This list of support services also be found on the website. Go to www.growingup.ie and either click on the red button at the top of the home page or open the 'menu' if you are using a smartphone.

Growing Up in Ireland Secondary Caregiver Questionnaire Cohort '08 at 13 years of age

GROUP H'HOLD YOUNG PERSON NO.

Interviewer Name _____ Interviewer Number

Time Started Date day mth year

[Script at beginning of survey takes the respondent through the main points on the Information Sheet and affirms their consent to participate]

Z: Covid-19 Experiences

Now some questions about your experience during the Covid-19 pandemic.

Z2 Thinking now of the most recent Level 5 restrictions when the schools were closed, please say whether each of the following was always true, sometimes true or not true for you.

	ALWAYS TRUE	SOMETIMES TRUE	NOT TRUE
a. My family did more activities together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. It was difficult to balance work and family life.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. I had the chance to slow down.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. I worried about the virus infecting me or someone else in my family.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Apart from work, I spent more time online than usual.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. I spent more time than usual taking care of the children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
[Routing: ask next item if SCG has a partner living in household]			
g. My partner spent more time than usual taking care of the children ...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Z3. Were you in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then? Yes ... ₁ → Go to Z4 No ... ₂ → Go to Z5_check

Z4. Was your employment situation or way of working affected by Covid-19 in any of the following ways? [Tick all that apply]

a. Loss of employment (losing your job or temporary lay-off)	<input type="checkbox"/>
b. Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment)	<input type="checkbox"/>
c. Increase in usual hours worked	<input type="checkbox"/>
d. Started remote working from home	<input type="checkbox"/>
e. Increased number of remote hours working from home	<input type="checkbox"/>
f. Other change (including starting a new job, being assigned to different work)	<input type="checkbox"/>
g. None of the above	<input type="checkbox"/>

Z9. Overall, during the most recent Level 5 restrictions when the schools were closed, how much exercise did you get compared to before the restrictions?

A lot more	A little more	About the same	A little less	A lot less
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

C.Caregiver's Health

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

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

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

C2. Do you have any of the following long-lasting conditions or difficulties?[Tick one box on each line]

	Yes to a great extent	Yes to some extent	No
a. Blindness or a vision impairment.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
b. Deafness or a hearing impairment	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
d. An intellectual disability or general learning disability	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
e. A difficulty with learning, remembering or concentrating	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
f. A psychological or emotional condition or mental health issue.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
g. A difficulty with breathing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
h. A difficulty with pain or any other on-going chronic physical or mental health problem, illness or disability	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3

[Routing: Is there any 'yes' response to any item at C2, above? Yes ... _1 → Go to C3 No ... _2 → Go to C6

**C3. What is the nature of this condition or difficulty? Please describe as fully as possible.
[Int. please record diagnosis – not symptoms of the problem.]**

C4. Are you hampered in your daily activities by any long-lasting condition or difficulty?
Yes, severely _1 Yes, to some extent _2 No _3

**C5. Since when have you had this condition or difficulty? If you have more than one condition or difficulty, please tell me since when you have had the one you consider most serious. [Record year parent first became aware of condition (not necessarily diagnosed) _____(year)
[Pilot also asked for month of onset if current or previous year.]**

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

C7. Over the past 7 days on how many days were you physically active for a total of at least 30 minutes per day? Physical activity is any moderate or vigorous activity that increases your heart rate and breathing. Examples include brisk walking, running, cycling, swimming, dancing, digging in the garden. It also includes other activities in your job or at home that raise your heart rate and breathing. [None, one to seven]

None	One	Two	Three	Four	Five	Six	Seven
<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7

F. Internet and Screen Time

Now, some questions about your own screen-based activities...

F7. Thinking now about the amount of time you spend on your own screen-based activities such as browsing the internet, watching TV/movies/videos, social media or messaging when you are at home (and not at work). On an average day, how much time would you spend on these...

	None	1 to 30 minutes	31 minutes to less than 1 hour	1 to less than 1.5 hours	1.5 to less than 2 hours	2 to less than 3 hours	3 to less than 4 hours	4 to less than 5 hours	More than 5 hours
On a WEEKDAY, how much time do you spend on screen-based activities?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
On a WEEKEND DAY, how much time do you spend on screen-based activities?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉

F8. Thinking about your smartphone, how often, if ever, ...

	Never	Hardly ever	Sometimes	Often	Very often
a. Do you feel as if you have to respond to messages/posts from other people immediately	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Do you check for messages or notifications as soon as you wake up	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Feel distracted by your smartphone when <child> is with you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

F9. In the PAST YEAR, how often have these things happened to you?

	Never	A few times	At least once a month	At least once a week	Daily or almost daily
a. I have felt bothered when I cannot be on the internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I have spent less time than I should with either family, friends or completing tasks because of the time I spent on the internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

G: Family Relationships and Context

Now some questions about your relationship with <Child>.

G1. 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 Redacted

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

G2. 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. 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

G3. 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.) Please think of the most recent four weeks of term time when the schools were open. _____ hours _____ minutes

G4. Thinking of an AVERAGE WEEKEND 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.) Please think of the last four weeks. _____ hours _____ minutes

G6. Thinking about the last 12 months, 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	<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 work responsibilities:						
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
Because of your family responsibilities:						
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

G7 Did you take parental leave in relation to <child>? By parental leave, we mean unpaid leave from employment up to a total of 26 weeks per child, which can be taken up until the child is age 12.

Yes..... 1 No... 2 Not applicable, not in employment since birth of child... 3

H. Housing and Socio-Demographic Background

Now some questions about employment.

H8. 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'; Code 0 should also be used for respondents who are currently receiving Pandemic Unemployment Payment]

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

[BLAISE: IF CODE 0,1,2,3 at H8, Go to H9]

H9. When did you start your current job?

_____ year [If current or previous year] _____ month

h10b. On a typical work day [when you are not working from home], 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]

➔ Go to H16

H11. Apart from holiday or casual work, have you ever had a full-time job?

Yes ... 1 No ... 2 ➔ Go to H14

H12. In what year did you last work in that full-time job? _____ (year)

H13. 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

H14. Do you currently have a part-time job?

Yes ... 1 No ... 2 ➔ Go to H24

H15. In your part-time job are you?

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

➔ Go to H16

[BLAISE: If CURRENTLY in employment (Full-or part-time) use Present Tense; otherwise use Past tense]

H16. How many hours do [did] 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

H17. What is [was] 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
PRIEST, HOSPITAL CHAPLAIN

Write in main OCCUPATION

H18. What is [was] the main activity of the business /organisation where you work?
(What did the business mainly make or do?)

H19. Are [were] you employed in a public sector organisation?

This means employed by the state or a state organisation; it does not include work that only involves dealing with the public sector.

Yes ... ₁ No ... ₂

H20_Check. [BLAISE: CHECK EMPLOYMENT STATUS]

Employee (incl. apprenticeship or Community Employment)	Self-employed (not farming)	Farmer
<input type="checkbox"/> ₁ → Go to H20	<input type="checkbox"/> ₂ → Go to H21	<input type="checkbox"/> ₃ → Go to H21

H20. Do [Did] you supervise or manage 10 or more personnel in your job? Yes ... ₁ No ... ₂ → Go to H24_Check

H21. How many employees (if any) do [did] you have? _____ employees [ENTER ZERO if none]

Check H20_Check = Farmer → Go to H22

Otherwise → Go to H24_Check

H22. How many acres do [did] you farm? _____ acres → Go to H24_Check

[BLAISE check: Not currently working [H8=4 to 10 AND H14=No: → Go to H23; otherwise go to H24_check]

H23. From the following reasons, could you tell me the most important reason for you not working in a paid job outside the home?

- A. I can't find a suitable job
- B. I prefer be at home to look after my family myself
- C. Problems finding or affording suitable childcare
- D. We would be no better off if I were in employment
- E. My own illness or disability
- F. Other reason (specify)

H25. What is [was] the main activity of the business /organisation where your spouse/partner works?
(What did the business mainly make or do?)

J. About You

Now some more questions about yourself

J1. [Forward feed of parental education from last interview] What is the highest level of education (full-time or part-time) which you have completed to date?

1. Primary education or less 1

Second Level

2. Lower Secondary 2
(Junior/Intermediate/Group Cert. 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Cert. or equivalent).

3. Upper Secondary 3
(Leaving Cert. (including Applied and Vocational Programmes). 'A' Levels, NCVA Level 1 Certificate or equivalent)

4. Technical or Vocational qualification..... 4
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Cert. Course/FETAC Level 5, Teagasc Cert./Diploma or equivalent).

5. Both Upper Secondary and Technical or Vocational qualification 5

Third Level

6. National Certificate, Diploma QQI/Institute of Technology or equivalent, Nursing Diploma (Non Degree) 6

7. Primary Degree 7
(Third Level Bachelor Degree)

8. Professional qualification (of Degree status at least, e.g. Chartered Accountant/Surveyor) 8

9. Both a Degree and a Professional qualification 9

10. Postgraduate Diploma or Postgraduate Degree (Masters)..... 10

11. Doctorate (Ph.D) or Higher Doctorate 11

J2. What language do you speak most often at home?

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

J3. Do you belong to any religion? Yes..... 1 No..... 2

J4. Which religion?

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

J5. Are you a citizen of Ireland? Yes..... 1 No..... 2

J6. What citizenship do you hold? _____

[BLAISE Condition ASK J7–J8 IF NON RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

J7. Were you born in Ireland? Yes..... 1 No..... 2

J8. In which country were you born? _____

J9. How long ago did you first come to live in Ireland?

Within the last year	1-5 years ago	6-10 years ago	11-20 years ago	More than 20 years ago	Don't Know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99

J10. 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

Time Ended

Date ____ day ____ mth ____ year

Growing Up in Ireland
STRICTLY CONFIDENTIAL
Secondary Caregiver Self-Complete Questionnaire
Cohort '08 at 13 years of age

CSO Identifier

PIN

Time Started

Date
day mth year

Preliminaries

Please confirm that you have read the Information Sheet, discussed participating with your interviewer and agree to take part in the survey:

Yes, I agree to take part ₁

No, I do not wish to take part ₂ Go to end

S1. Are you male or female?

Male ₁ Female..... ₂ Other ₃

S2. What is your date of birth? / /
DD / MM / YYYY

Couple relationship

S3. Because the issue of family life is so important, we would now like to ask some questions about your family and marital history. Can you tell me which of these best describes your current marital status?

Married and living with husband / wife..... ₁ **Go to S5**

Married and separated from husband / wife..... ₂ **Go to S4**

Divorced..... ₃ **Go to S4**

Widowed..... ₄ **Go to S4**

Never married (including living with partner)..... ₅ **Go to S4**

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

Yes ₁ → Go to 55 No ₂ → Go to 56

55. Since what year have you and your spouse / partner been living together? _____ (mth) _____ (year) →Go to 57

56. Are you currently in a relationship with someone outside the household?

Yes ₁ → Go to 57 No ₂ → Go to S10

[Questions for PCG who is in a relationship]

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

- Most days..... ₁
- At least once a week..... ₂
- Less than once a week..... ₃
- Hardly ever..... ₄
- Never..... ₅

58. _____

59. _____

Parenting stress

S10 _____

Weight

S11a. What is your weight at the moment? [Tick one Kilos ₁ Pounds ₂ Stone and Pounds ₃ _____ [weight]

S11b. Is this an estimate or have you weighed yourself in the last month? Estimate ₁ Weighed self in last month ₂

Alcohol, smoking, other substances

<p>S12. Which of the following best describes how often you usually drink alcohol?</p> <p>1. Never <input type="checkbox"/> 1 Go to S16</p> <p>2. Less than once a month <input type="checkbox"/> 2 Go to S16</p> <p>3. 1-2 times a month <input type="checkbox"/> 3 Go to S16</p> <p>4. 1-2 times a week <input type="checkbox"/> 4 Go to S13</p> <p>5. 3-4 times a week <input type="checkbox"/> 5 Go to S13</p> <p>6. 5-6 times a week <input type="checkbox"/> 6 Go to S13</p> <p>7. Every day <input type="checkbox"/> 7 Go to S13</p>	<p><i>If they currently drink alcohol between every day and 1-2 times a week ask:</i></p> <p>S13. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, or other alcohol would you drink?</p> <p>(a) Pints of Beer/Cider ____ (b) Glasses of Wine ____</p> <p>(c) Measures of Spirits ____ (d) Other alcohol (number) ____</p> <p style="text-align: right;">→ Go to S14/S15</p>
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For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

[ASK S14 ONLY OF FEMALE RESPONDENTS]

S14. How often do you have 6 or more alcoholic drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[ASK S15 ONLY OF MALE RESPONDENTS]

S15. How often do you have 8 or more alcoholic drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S16. Do you currently smoke daily, occasionally or not at all? (Please only think about cigarettes or cigars, we will ask you separately about 'vaping' and e-cigarettes?)

Daily..... **1** Occasionally **2** Not at all **3**

S17. About how many cigarettes or cigars do you smoke on average each day?

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

S18. Do you currently use 'vapes' or e-cigarettes?

Daily..... **1** Occasionally **2** Not at all **3**

S19. Including yourself, how many members of the household smoke? ____N

S20. Do you smoke cannabis?

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

S21. Do you take any drugs such as ecstasy, speed, heroin, methadone, crack or cocaine?

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

Emotional wellbeing

S22

Talking about sexual health

S23. Have you spoken to your 13-year-old personally about the following sexual health issues?

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a) 1. Sex and sexual intercourse | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b) 2. Sexual feelings, relationships and emotions..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c) 3. Contraception | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d) 4. Safer sex/sexually transmitted infections/ venereal diseases | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e) 5. Sexual orientation (e.g. homosexuality, heterosexuality etc) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f) 6. Sharing explicit sexual texts (sexting) or images..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

Final Section (Pregnancy, if female; How survey completed)

[ASK ONLY OF FEMALE RESPONDENTS]

S32 [If Male go to S33] Can I check, are you currently pregnant? [This information is collected to put other responses – such as health and weight - in context] Yes.....₁ No.....₂

S33. Can you tell us on which type of device you completed this survey:

- Desktop computer ₁
- Laptop computer ₂
- Tablet / iPad..... ₃
- Smartphone ₄

Thank you very much for taking part in the Growing Up in Ireland survey.

If you have any queries about the survey please email growing.up@esri.ie or visit www.growingup.ie for further information.

If you would like to talk to someone about any issues raised in this Questionnaire, please see <https://www.growingup.ie/pubs/Parent-Support-Services.pdf> for resources

Time Ended

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Date ___ ___ ___
 day mth year

Growing Up in Ireland

Young Person Survey – Short and Proxy Interview Questionnaires

Cohort '08 at 13 years of age

Short Interview

ID

--	--	--	--	--	--	--	--

Time Started

--	--	--	--

(24 hour clock)

Date

Day mth year

A. Preliminaries

[Script at beginning of survey takes the respondent through the main points on the Information Sheet and affirms their consent to participate]

A1. Please confirm that you have read the Information Sheet, discussed participating with your or guardian and agree to take part in the survey:

Yes, I agree to take part ₁

No, I do not wish to take part ₂ Go to end

B. Activities and Time at Home During Covid-19 Restrictions

First, some questions about your recent experience during the Covid-19 pandemic.

B1. Thinking of the time during the most recent Level 5 restrictions when the schools were closed, please say whether each of the following was always true, sometimes true or not true for you.

	ALWAYS TRUE	SOMETIMES TRUE	NOT TRUE
a. I had a quiet space to study	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. I missed my friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. I had a chance to attend school lessons with my teacher on the internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. My parent(s) helped with my school work.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
a. I was able to keep in touch with my friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

C. Activities

Please indicate (a) how often you do each of these activities and (b) if you never do them or do them less often than once a month, the main reason.

	(a) How often			(b) less often/never, what is the main reason		
	At least once a week	At least once a month	Less often or never	No interest	Covid restrictions	Other reason
C1. Play sports with a coach or instructor, or as part of an organised team, other than in P.E. class? (swimming, soccer, GAA games, hockey, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C2. Take part in dance lessons	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C3. Take part in art, crafts, drama or music lessons / clubs / rehearsals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C4. 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

C6. How many times a week do you do these activities for fun or to relax.

	Every day	3 to 6 times a week	Once or twice a week	Less than once a week / Never
a. Reading for fun (include Kindle or other e-book reader) (not for school)	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Singing or playing a musical instrument	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Physical activities or sports without a coach or instructor (e.g. dancing, swimming, biking, soccer, running)	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d. Drawing/painting/crafts (such as model-making, knitting)	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e. Going to the cinema	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f. Spending time with pets	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
g. Hanging out with friends	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7

D. Internet and Screen Time

D1. Do you have any of the following that you can use to access the internet?

	Yes, for my sole use	Yes, but shared with someone else	No
a. Smartphone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Tablet (no keyboard)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Tablet with a keyboard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Laptop computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Other computer (including desktop)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Other device, such as gaming console	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

D2. 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)? Please include time before school as well as time after school and include any screen-based device: TV, computer, tablet, smart-phone. Do not include time spent using computers in school or for online class work. For each, please answer separately for weekdays and weekend days.

	None	Up to one hour [less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more
Weekday during term time							
a. Watching television /films/ videos (on TV set, tablet or other device)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Playing video/computer games	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Other online or screen-based activities	<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
Weekend day or holiday							
d. Watching television /films/ videos (on TV set, tablet or other device)	<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
e. Playing video/computer games	<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
f. Other online or screen-based activities	<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

D4. Do you have your own account or profile on a social networking or social media site that you currently use (such as Instagram or WhatsApp)?

Yes ... 1 No ... 2

D5. Do you have your own account or profile on a gaming site that you currently use (such as Fortnite)? Yes ... 1 No ... 2

E. School and Education

Now some questions about your experiences of school and education

E1. What class are you in since last September?

- Home schooled 1 → Go to E14
 5th class..... 2 → Go to E11
 6th class..... 3 → Go to E11
 1st year 4
 2nd year..... 5
 Other class at second level 6
 Other class at primary level 7 → Go to E11

Section for Students in Second Level Schools since last September

E2 Please tick the subjects you are taking from September 2019. For Irish, English and Maths, please tick which level you are studying.

- Irish Higher 1 Ordinary 2 Not sure yet 3 Don't take Irish 4
 English Higher 1 Ordinary 2 Not sure yet 3

Mathematics Higher ₁ Ordinary ₂ Not sure yet ₃

History ₁ Business Studies ₁

Geography ₁ Civic, Social and Political Education (CSPE)..... ₁

French ₁ Physical Education ₁

German ₁ Social, Personal and Health Education (SPHE)..... ₁

Spanish ₁ Other (please specify)..... ₁

Religious Education ₁

Visual Art ₁

Music ₁

Science ₁

Home Economics ₁

Wood Technology ₁

Engineering ₁

Graphics ₁

E3. Did you take any short courses this year? Yes ... ₁ No ... ₂

E5. Did you have any choice over what subjects you did this year? Yes, a lot ... ₁ Yes, a little ... ₁ No ... ₂

E8. How many of your friends from primary school are ... [tick one box on each line]

	None	One	Two	3 or more	Still at primary school
a.... in your secondary school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

E11 for Students in fifth or sixth class since last September

E11. 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
a. I am 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
b. I am 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
c. I am 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

E12 for all except Home Schooled since September 2020

E12. How do you feel about school in general? [TICK ONE BOX ONLY]

I like it very much	I like it quite a bit	I like it a bit	I don't like it very much	I hate it
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

E14. On average how much time do you spend doing homework and/or study on a normal weekday during term-time when schools are open?

Half an hour or less [0 to 30 minutes]	Half to one hour [31 minutes to less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	[4 or more hours]	Don't do homework
<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

E16. 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

E17. 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

E18. 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 ₂ → Go to E20

E19. What subjects did you get extra help in? **[TICK ALL THAT APPLY]**

English/Reading ₁ Maths ₂ Irish ₃ Other subject ₄

F4. Do you get money to spend on yourself from any of the following? **[TICK ALL THAT APPLY]**

- a. Regular pocket money ₁
- b. Doing chores (or babysitting) in the home ₂
- c. Given money by parents when I need it ₃
- d. Doing occasional jobs (e.g. babysitting) outside the home ₄
- e. Have a regular part-time job ₅

F5. About how much money, in total, do you receive when you put all these sources together? € _____ per [week/month] _____

G. Physical activities, Chores, Food and Self-Care

Now some questions about exercise and sport.

G1. Over the past 7 days on how many days were you physically active for a total of at least an hour (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. Physical activity can be done in sports, school physical education class, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, cycling, dancing, skateboarding, swimming, soccer and football.

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

G2. Over the past 7 days on how many days did you take part in light exercise for a total of at least an hour (60 minutes) per day? Light exercise is not hard enough to make you breathe heavily or make your heart beat faster. Examples include slow walking, or slow cycling.

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

G5_1. Over the last week, how much time did you spend ...

	None	Up to one hour [Less than 1 hour]	1 to 2 hours [less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more [5 or more hours]
a. helping with tasks inside the house, such as cleaning, tidying, laundry, preparing meals, taking care of younger children or sick family members?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
b. helping with tasks outside the house such as gardening, taking out the bins, washing the car or helping on a family farm?	<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

K. Siblings and Friends

Now some questions about your brothers and sisters and your friends

K1. Do you have any brothers or sisters living at home?

Yes ₁

No ₂

K2. [If yes] How often do you do any of the following with any of your brothers or sisters?

	Never	Less than once a week	Once a week	2-5 times a week	Nearly every day
a. Play computer or video games together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Listen to music together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Spend time together on another hobby or interest	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Go out together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Argue with one another	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Push, shove or hit one another	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Play sports (e.g. football, gymnastics) together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Help each other with homework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

K3. How many friends do you normally hang around with? [TICK ONE BOX ONLY]

A. None ₁ **Go to S1**

B. One or two ₂

C. Between 3 and 5 ₃

D. Between 6 and 10 ₄

E. More than 10 ₅

K4. How many of these would you describe as CLOSE friends? _____

K5. 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 ₁ ₂ ₃

B. About the same age ₁ ₂ ₃

C. A year or two older ₁ ₂ ₃

D. More than two years older ₁ ₂ ₃

K6. 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

K8. When you need to talk to your friends about something, how do you do it?

	Often	Sometimes	Never
a. By phone or voice call or video call	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. By text message (including WhatsApp)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Through post on social media	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. In person	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

K9: Thinking about how you get on with your friends, would you say the following things are 'always true', 'sometimes true' or 'not true'?

ALWAYS TRUE SOMETIMES TRUE NOT TRUE

• I have fun with my friends ₁ ₂ ₃

• My friends would help me out if I needed them ₁ ₂ ₃

Proxy Interview

ID

--	--	--	--	--	--	--	--

Time Started

--	--	--	--

 (24 hour clock)

Date
 day mth year

B. Preliminaries

[Script at beginning of survey takes the respondent through the main points on the Information Sheet and affirms their consent to participate]

A1. Please confirm that you have read the Information Sheet, discussed participating with your or guardian and agree to take part in the survey:

Yes, I agree to take part ₁
No, I do not wish to take part ₂ Go to end

C. Activities

Please indicate (a) how often you do each of these activities and (b) if you never do them or do them less often than once a month, the main reason.

	(a) How often			(b) less often/never, what is the main reason		
	At least once a week	At least once a month	Less often or never	No interest	Covid restrictions	Other reason
C1. Play sports with a coach or instructor, or as part of an organised team, other than in P.E. class? (swimming, soccer, GAA games, hockey, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C2. Take part in dance lessons	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C3. Take part in art, crafts, drama or music lessons / clubs / rehearsals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C4. 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

C6. How many times a week do you do these activities for fun or to relax.

	Every day	3 to 6 times a week	Once or twice a week	Less than once a week / Never
h. Reading for fun (include Kindle or other e-book reader) (not for school)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
i. Singing or playing a musical instrument	<input type="checkbox"/> ₁	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
j. Physical activities or sports without a coach or instructor (e.g. dancing, swimming, biking, soccer, running)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
k. Drawing/painting/crafts (such as model-making, knitting)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
l. Going to the cinema	<input type="checkbox"/> ₁	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
m. Spending time with pets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
n. Hanging out with friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

D. Internet and Screen Time

D1. Do you have any of the following that you can use to access the internet?

	Yes, for my sole use	Yes, but shared with someone else	No
g. Smartphone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Tablet (no keyboard)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Tablet with a keyboard	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. Laptop computer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k. Other computer (including desktop)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l. Other device, such as gaming console	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

D2. 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)? Please include time before school as well as time after school and include any screen-based device: TV, computer, tablet, smart-phone. Do not include time spent using computers in school or for online class work. For each, please answer separately for weekdays and weekend days.

	None	Up to one hour [less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more
Weekday during term time							
g. Watching television /films/ videos (on TV set, tablet or other device)	<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
h. Playing video/computer games	<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
i. Other online or screen-based activities	<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
Weekend day or holiday							
j. Watching television /films/ videos (on TV set, tablet or other device)	<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
k. Playing video/computer games	<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
l. Other online or screen-based activities	<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

D4. Do you have your own account or profile on a social networking or social media site that you currently use (such as Instagram or WhatsApp)?

Yes ... ₁ No ... ₂

D5. Do you have your own account or profile on a gaming site that you currently use (such as Fortnite)? Yes ... ₁ No ... ₂

E. School and Education

Now some questions about your experiences of school and education

E1. What class are you in since last September?

- Home schooled ₁ → Go to E14
- 5th class..... ₂ → Go to E11
- 6th class..... ₃ → Go to E11
- 1st year ₄
- 2nd year..... ₅
- Other class at second level ₆
- Other class at primary level ₇ → Go to E11

Section for Students in Second Level Schools since last September

E2 Please tick the subjects you are taking from September 2019. For Irish, English and Maths, please tick which level you are studying.

- Irish Higher ₁ Ordinary ₂ Not sure yet ₃ Don't take Irish ₄
- English Higher ₁ Ordinary ₂ Not sure yet ₃
- Mathematics Higher ₁ Ordinary ₂ Not sure yet ₃
- History ₁ Business Studies ₁
- Geography ₁ Civic, Social and Political Education (CSPE)..... ₁
- French ₁ Physical Education ₁
- German ₁ Social, Personal and Health Education (SPHE)..... ₁
- Spanish ₁ Other (please specify)..... ₁
- Religious Education ₁
- Visual Art ₁
- Music ₁
- Science ₁
- Home Economics ₁

Wood Technology ₁
 Engineering ₁
 Graphics ₁

E3. Did you take any short courses this year? Yes ... ₁ No ... ₂

E5. Did you have any choice over what subjects you did this year? Yes, a lot ... ₁ Yes, a little ... ₁ No ... ₂

E8. How many of your friends from primary school are ... [tick one box on each line]

	None	One	Two	3 or more	Still at primary school
a.... in your secondary school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

E11 for Students in fifth or sixth class since last September

E11. 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
d. I am 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
e. I am 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
f. I am 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

E14. On average how much time do you spend doing homework and/or study on a normal weekday during term-time when schools are open?

Half an hour or less [0 to 30 minutes]	Half to one hour [31 minutes to less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	[4 or more hours]	Don't do homework
<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

E16. 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

E17. 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

E18. 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 ₂ → Go to E20

E19. What subjects did you get extra help in? [TICK ALL THAT APPLY]

English/Reading ₁ Maths ₂ Irish ₃ Other subject ₄

F4. Do you get money to spend on yourself from any of the following? [TICK ALL THAT APPLY]

f. Regular pocket money ₁
 g. Doing chores (or babysitting) in the home ₂
 h. Given money by parents when I need it ₃
 i. Doing occasional jobs (e.g. babysitting) outside the home ₄
 j. Have a regular part-time job ₅

F5. About how much money, in total, do you receive when you put all these sources together? € _____ per [week/month] _____

G. Physical activities, Chores, Food and Self-Care

Now some questions about exercise and sport.

G1. Over the past 7 days on how many days were you physically active for a total of at least an hour (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. Physical activity can be done in sports, school physical education class, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, cycling, dancing, skateboarding, swimming, soccer and football.

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

G2. Over the past 7 days on how many days did you take part in light exercise for a total of at least an hour (60 minutes) per day? Light exercise is not hard enough to make you breathe heavily or make your heart beat faster. Examples include slow walking, or slow cycling.

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

G5_1. Over the last week, how much time did you spend ...

	None	Up to one hour [Less than 1 hour]	1 to 2 hours [less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more [5 or more hours]
a. helping with tasks inside the house, such as cleaning, tidying, laundry, preparing meals, taking care of younger children or sick family members?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. helping with tasks outside the house such as gardening, taking out the bins, washing the car or helping on a family farm?	<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

Growing Up in Ireland Primary Caregiver Twin and Triplet Questionnaire Cohort '08 at 13 Years of Age

GROUP H'HOLD YOUNG PERSON NO.

Interviewer Name _____ Interviewer Number

Time Started Date ____ day ____ mth ____ year

[Script at beginning of survey takes the respondent through the main points on the Information Sheet and affirms their consent to participate]

B. 13-Year-Old's Health and Disabilities

Now I would like to ask you a few questions regarding <child>'s health.

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

Very healthy, no problems	Healthy, but a few minor problems	Sometimes quite ill	Almost always unwell
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

B2. Does <child> have any of the following long-lasting conditions or difficulties? [Tick one box on each line]

[Interviewer: If query from respondent on why this is being asked when they said (at B1) young person was 'very healthy, no problems', add "These conditions might not always be linked to a health problem, so we need to specifically ask about them in order to get a full picture."

	Yes to a great extent	Yes to some extent	No
a. Blindness or a vision impairment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Deafness or a hearing impairment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. An intellectual disability or general learning disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. A difficulty with learning, remembering or concentrating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. A psychological or emotional condition or mental health issue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. A difficulty with breathing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. A difficulty with pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Any other on-going chronic physical or mental health problem, illness or disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

[Interviewer Prompt: please be sure to include here any conditions not already covered; these might be Autistic Spectrum Disorder, Asperger syndrome, speech impediment, Down syndrome, Tourette syndrome, Acquired Brain Injury, or any other longstanding condition or disability]

[Routing: Is there any 'yes' response to B2 above?

Yes .. 1 → Go to B3

No ... 2 → Go to B7]

B3. What is the nature of this condition or difficulty? Please describe as fully as possible.

[Interviewer: ask B4 to B6 for each condition at B3. Write responses in the table below. Please record diagnosis or assessed condition, if possible. If more than one, record up to three in order of seriousness.

B4. Has this condition or difficulty been diagnosed or assessed by a relevant professional?

B5. Since when has <child> had this condition or difficulty? [Record year parent first became aware of condition (not necessarily diagnosed); If current or previous year, record month as well

B6. Is <child> hampered in their daily activities by this condition or difficulty?

Condition	B3 Nature (diagnosis/assessment)	B4 Diagnosed/assessed?			B5 Since when? Year Mon*	B6 Hampered?		
		Yes	No	Awaiting Consultation		1. Yes severely,	2. yes to some extent,	3. no.
Condition 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Condition 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Condition 3		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

*Record month if year=current or previous calendar year.

[Ask all B7-B11]

B7. Please indicate if <child> receives support from any of the following IN OR THROUGH SCHOOL

[Tick all that apply] [Note: Longer list was used in pilot – see Pilot Report]

- Resource Teaching/ Learning Support..... ₁ Psychological/behavioural support..... ₄
 Special Needs Assistant..... ₂ Other therapeutic support (speech and language/occupational therapy) .. ₅
 Assistive technology..... ₃ Other support..... ₆
 Doesn't receive any supports..... ₇

B8. When the schools are open, Does <child> have a reduced timetable at school or a shorter school day, because of a condition or disability? Yes ... ₁ No ... ₂

B9. Please indicate if <child> receives support from any of the following OUTSIDE SCHOOL

[Tick all that apply] [Note: see longer list used in Pilot in Pilot Report]

- Extra/private tuition ₁ Other therapeutic support (speech and language/occupational therapy)..... ₃
 Psychological/behavioural support..... ₂ Other support ₄
 Doesn't receive any of these supports outside school ₅

[If support received ask B10; Otherwise ask B11.]

B10. In general, how adequate are the supports <child> receives for [his/her] needs?

Not adequate	Adequate	Good	Excellent
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

B11. Which of these best describes your child with respect to supports either inside or outside of school?

Doesn't receive any supports: none needed <input type="checkbox"/> ₁	Doesn't receive any supports, some needed <input type="checkbox"/> ₂
---	---

B12. About how many nights has <child> spent in hospital over the last 12 months for any reason? [INTERVIEWER: IF NONE, ENTER '0' – DO NOT LEAVE BLANK] _____ nights

B13. In the last 12 months how many visits has <child> made to the Emergency Department of a hospital? [INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] _____ visits

B14. 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

B15. In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about <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

B16. How would you rate the health of <child's> teeth and gums?

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

B17. Which of the following best describes how regularly <child> visits the dentist?

At least once a year	Once every two years	Once every three years	Less often/ Only when there is a problem	Never
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅ → Go to B23

B18. When was the last time <child> saw a dentist? _____ (year) [If current or previous year] _____ month

B19. Was it a HSE or private dentist? HSE ... ₁ Private ... ₂

B20. Did <child> have any treatment other than a routine scale and polish? Yes ... ₁ No ... ₂

B21. Has <child> ever had:

a. Any permanent / secondary teeth filled?	Yes ... <input type="checkbox"/> ₁	No ... <input type="checkbox"/> ₂
b. Any permanent / secondary teeth extracted?	Yes ... <input type="checkbox"/> ₁	No ... <input type="checkbox"/> ₂

B22. Now some questions about food. Please say how many times a week <child> usually eats or drinks any of the following.

[TICK ONE BOX ON EACH LINE]

	Less than once a week /Never	Once or twice a week	3 or 4 times a week	5 or 6 times a week	Every day - once	Every day - more than once
a. Fresh fruit	<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. Fruit Juice	<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. Meat, chicken, fish	<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. (Dropped)						
e. Cooked vegetables	<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. Raw vegetables or salad	<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. Hamburger, hot dog, sausage or sausage roll, meat pie	<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. Hot chips or French fries	<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. Crisps or savoury snacks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
j. Bread	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
k. Potatoes, Rice, Pasta	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
l. Cereals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
m. Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
n. Sweets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
o. Cheese / yoghurt / fromage frais	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
p. Water (tap water / still water / fizzy water)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
q. Fizzy drinks / minerals / cordial / squash (diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
r. Fizzy drinks / minerals / cordial / squash (not diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
s. Milk (including non-dairy or lactose-free milk)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

B23. How many portions of fruit or vegetables would <child> usually have in a day?

None	1 per day	2 per day	3 per day	4 per day	5 or more
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B24a. Does <child> follow any kind of special diet? Yes ... 1 → **B24b.** No ... 2 → **B25**

[Pilot Version: Does <child> follow any of these special diets? [list as per B24b; Tick all that apply]

B24b. Which of these does <child> follow ... [Tick all that apply]

Vegetarian	Vegan	Gluten-free	Dairy-free	Other restriction because of food allergy or food intolerance	Other special diet because of a diagnosed condition	Other special diet for religious reasons
<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

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

Less than ½mile (less than 1km)	½ to less than 1 mile (1 - less than 2km)	1-5 miles (2 - less than 8km)	More than 5 miles away (8km or more)	Attends boarding school	Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7

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

He/she walks	By public transport	School bus/coach	By car	Rides a bicycle	Other (please describe)	Not applicable
<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

B27. Can we check, has the Study Child received the HPV vaccine? [For information: vaccinations in schools are given in two different visits usually with a first dose in September and a second one in February]

Yes, both doses	Yes, first of two doses	No, but intend to avail of it	No, still thinking about it	No, have decided not to avail of it
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C. Primary Caregiver's Health

C8. Is <child> covered by a medical card? Yes, full card ₁ Yes, GP visit card..... ₂ Not covered ₃

C9. Is <child> covered by private medical insurance? Yes ₁ No..... ₂

C10. Does that insurance include the cost of GP visits? Yes, in full <input type="checkbox"/> ₁ Yes, partially <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃

D. 13-Year-Old's Emotional Health and Well-being

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

D1. Has <child> experienced any of the following since we last interviewed you in <year of last interview> [Read out]:

A. Death of a parent <input type="checkbox"/> ₁	I. Serious illness/injury of a family member <input type="checkbox"/> ₉
B. Death of a close family member (other than a parent) please specify <input type="checkbox"/> ₂	J. Drug taking/alcoholism in the immediate family..... <input type="checkbox"/> ₁₀
C. Death of close friend <input type="checkbox"/> ₃	K. Mental disorder in immediate family..... <input type="checkbox"/> ₁₁
D. Divorce/separation of parents <input type="checkbox"/> ₄	L. Your home being broken into <input type="checkbox"/> ₁₂
E. Moving house within Ireland <input type="checkbox"/> ₅	M. Conflict between parents <input type="checkbox"/> ₁₃
F. Moving country <input type="checkbox"/> ₆	N. Parent in prison <input type="checkbox"/> ₁₄
G. Stay in foster home/ residential care <input type="checkbox"/> ₇	O. Other disturbing event (apart from the general stress of the Covid-19 pandemic; please specify) <input type="checkbox"/> ₁₅
H. Serious illness/injury <input type="checkbox"/> ₈	P. None of the above..... <input type="checkbox"/> ₁₆

D2. Here 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. Redacted

In the last 6 months has your child been ?

Would you say Not True, Somewhat True or Certainly True

	Not True	Somewhat True	Certainly True
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			
Q.			
R.			
S.			
T.			
U.			
V.			
W.			
X.			
Y.			

D3. About how many close friends does <child> have?

None..... 1 1 2 2 or 3 3 4 or 5 4 6 or more 5

D4. To your knowledge, has <child> been a victim of bullying in the last 3 months? Yes ... 1 No ... 2

E. Education and School

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

E1. What class did/will <child> start in September 2021?

- 5th Class 1 Go to E7
- 6th Class 2 Go to E7
- First Year 3 Go to E2
- Second Year 4 Go to E2
- 13-year-old is being home schooled..... 5 Go to E7
- 13-year-old attends a special school 6 Go to E7
- Special class or unit in second level school..... 7 Go to E2
- Other..... 8 Go to E7

E3. Did/do you have a choice about which second level school <child> would/will go to?

Yes..... 1 No 2

[Note: ask with respect to 'special school' if child attends special school and will not attend secondary school].....

E4. When thinking about schools that <child> might go to, how important were the following factors?

	Very Important	Somewhat important	Not important
a. It's the local school or nearest to home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. He/she wanted to go there.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. His/her friends go or were intending to go there.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. His/her brother/sister went/go there	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. General good impression of school/good reputation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. The support provided for students with special needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. The subjects the schools provided.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. The school's ranking in newspaper league tables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. The ethos of the school in terms of religion or beliefs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. The school's extracurricular activities (such as sports and music)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. The gender mix of the school (co-educational/single sex)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Language of instruction used in the school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

E5. How would you describe <child's> current base class – the one they are in from last September? (Tick one box)

Special class or unit	Class which is mixed ability / randomly allocated	Higher stream class in streamed school	Middle stream class in streamed school	Lower stream class in streamed school	Not sure / don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

E6. Has <child> attended an Open Day at his/her new school Yes..... 1 No 2

E7. 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 include virtual as well as face-to-face meetings or events.) [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 been asked for your opinion on what is done in the school (such as uniforms or discipline policy)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. 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
E. 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
F. You are involved with the Parents' Council or Parents' Association.	<input type="checkbox"/> 1	<input type="checkbox"/> 2

E8. How involved do you personally feel in your child's school life?

Very involved	Fairly involved	Not very involved	Not at all involved
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E9. 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 their whole school or class being closed due to Covid-19 or 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		

E10. 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	Quarantine or self-isolation, related to Covid-19	<input type="checkbox"/> 13
Suspended from school	<input type="checkbox"/> 7	Other (specify)	<input type="checkbox"/> 14

E11. 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 E14

E12. 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 type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

E13. 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

E14. 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

E15. On a typical weekday when the schools are open, 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 programme/club 6
- Other (please specify) 8

E16. How many books (including e-books) does <child> have access to in the home? Would you say... [INT: READ OUT]

- None..... 1
- 1 to 10..... 2
- 11 to 30..... 3
- 31 to 50..... 4
- 51 to 100..... 5
- More than 100..... 6

F. Internet and Screen Time

F2. Does <child> have access to the internet through a smartphone, tablet, laptop or other computer?

Yes ... 1 No ... 2 → Go to F6

F3. Is <child> supervised by you or another adult when he/she accesses the internet?

Always..... 1 Sometimes 2 Never 3

F4. Do you have any monitoring or control software on the internet to limit the sites <child> can access – e.g. Qustodio, Net Nanny?

Yes 1 No 2

F5. Do you use any of the following strategies to restrict the content viewed or time spent by <child> on electronic devices? (Tick all that apply)

- Rules about content..... 1
- Rules about total time spent on devices 2
- Rules about the time of day child can watch/use devices 3
- PIN numbers or passwords to lock or restrict devices 4
- 'Child-safe' settings, for example on TV satellite boxes 5
- Locking devices/modems away (or locking the room they are in) 6
- Engaging the child in alternative activities (e.g. football, baking) 7
- Something else (specify) 8
- None of the above 9

F6. On a normal weekday, during term-time, about how much time does <child> spend using the smartphone, tablet, laptop or computer? Please include time before school as well as time after school. Do not include time spent using computers in school or for online class work.

None	1 to 30 minutes	31 minutes to less than 1 hour	1 to less than 1.5 hours	1.5 to less than 2 hours	2 to less than 3 hours	3 to less than 4 hours	4 to less than 5 hours	5 or more hours
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

G: Family Relationships and Context

Now some questions about your relationship with <Child>.

G1. 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 Redacted

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G2. 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
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

G3. 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.) Please think of the most recent four weeks of term time when the schools were open. _____ hours _____ minutes

G4. Thinking of an AVERAGE WEEKEND 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.) Please think of the last four weeks. _____ hours _____ minutes

G7 Did you take parental leave in relation to <child>? By parental leave, we mean unpaid leave from employment up to a total of 26 weeks per child, which can be taken up until the child is age 12.

Yes..... 1 No... 2 Not applicable, not in employment since birth of child... 3



Growing Up in Ireland – the National Longitudinal Study of Children

STRICTLY CONFIDENTIAL

PRINCIPAL'S QUESTIONNAIRE

School ID: <MERGE 4 Digit ID>

<Merge Date>

Growing Up in Ireland is the national longitudinal study of children and young people. 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 study is funded by Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and is managed by the Department in association with the Central Statistics Office. The Department of Education is represented on the Steering Group which oversees the study. The study is carried out by a group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin (TCD).

The young people who are participating in the study were randomly selected when they were 9 months old and the Study Team has collected information from them and their families and schools at a number of points since then (9 months, 3 years, 5 years, 7/8 years, 9 years). 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 year in second level.

All principals of second-level schools are being asked to complete the questionnaire because the 13-year-olds have dispersed to almost every second-level school in the country. With the parents' cooperation, we can match the information on the schools being attended by the young people with the information we collect from them and their families in their own homes.

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.

SECTION A: YOUR SCHOOL'S EXPERIENCES OF THE COVID-19 PANDEMIC

1. Compared to the period before the COVID-related school closures, how would you rate your students in relation to the following:

	Much better	Better	About the same	Worse	Much worse
a. Engagement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Motivation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Wellbeing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Attendance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Behaviour in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

2. We would like you to rate students' curriculum learning after the school closures compared to how you would expect them to be in normal times. What proportion of the students are:

- a. Not behind at all _____%
- b. Behind by about 1-2 months _____%
- c. Behind by about 3-5 months _____%
- d. 6 or more months behind _____%

3. (a) How satisfied were you with the remote learning your school was able to provide to students during the first period of school closures (around April 2020)?

Very satisfied ₁ Fairly satisfied ₂ Not very satisfied ₃ Not at all satisfied ₄

3. (b) How satisfied were you with the remote learning your school was able to provide to students during the second period of school closures (around January 2021)?

Very satisfied ₁ Fairly satisfied ₂ Not very satisfied ₃ Not at all satisfied ₄

4. What impact has the COVID situation and associated public health requirements had on the following:

	Very little (continuing as normal)	A little (mostly as normal, with some changes)	A lot (severely curtailed)	A great deal (activity suspended)
a. Day-to-day teaching and learning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Use of group-work in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Doing practical work (e.g. lab work, cooking, metalwork)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. PE classes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Extra-curricular sports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Other extra-curricular activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Interaction between students and staff	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Interaction among students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

13. What type of school is it?

- Fee-paying secondary ₁
- Non-fee-paying secondary ₂
- ETB school ₃
- Educate Together school ₄
- Community college ₅
- Community school ₆
- Comprehensive school..... ₇

14. How would you describe the 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

15. What is the main language medium of your school?

English ₁

Gaeilge ₂

16. Does your school take part in the DEIS Support Programme?

Yes ₁

No..... ₂

17. In your opinion, how important is each of the following to the ethos of the school?

	Very important	Fairly important	Not important	Not sure
a. Sports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Religion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Music	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Drama	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Social justice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Environmental awareness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Irish language and culture	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

18. How many full-time and part-time teachers work in this school? Please indicate how many are male and how many are female.

Teachers	Full-time	Part-time
Male		
Female		
Total		

19. Does your school provide the following resources?

	No	Yes	If Yes, how many (full-time equivalent)?
a. Special Education Teachers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Language Support Teachers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Home-School Community Liaison Co-ordinator ..	<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
f. Guidance Counsellor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

20. If your school has a Guidance Counsellor, how many hours a week does s/he spend on career guidance and counselling? _____

21. Does your school participate in the School Completion Programme? Yes₁ No.....₂

22. 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. Broadband access	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Sports facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Science labs/equipment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Learning support provision	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Language support provision	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Guidance counselling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. Extra-curricular activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

23(a) In what year was the school built? Year _____

23(b) Approximately how many students do you feel the school is designed for? _____ students

SECTION D CURRICULUM, TEACHING AND LEARNING

24. Does your school offer the following programmes?

	Yes	No
a. Level 1 Learning Programmes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Level 2 Learning Programmes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Transition Year (TY)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Leaving Certificate Applied (LCA).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Leaving Certificate Vocational Programme (LCVP)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Post-Leaving Certificate (PLC) courses.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

25. How many students in your school are on reduced timetables/shorter school days?
(If None, please state.) _____

26. Which of the following are taught as full subjects in junior cycle in the school? (Please tick all that apply)

SUBJECT		LEVEL
a. Irish	Higher	<input type="checkbox"/> ₁ Ordinary
b. English	Higher	<input type="checkbox"/> ₁ Ordinary
c. Mathematics	Higher	<input type="checkbox"/> ₁ Ordinary
d. History.....	Common	<input type="checkbox"/> ₁
e. Geography.....	Common	<input type="checkbox"/> ₁
f. Modern Foreign Languages: French	Common	<input type="checkbox"/> ₁
g. Modern Foreign Languages: German	Common	<input type="checkbox"/> ₁
h. Modern Foreign Languages: Spanish	Common	<input type="checkbox"/> ₁
i. Modern Foreign Languages: Italian	Common	<input type="checkbox"/> ₁
j. Visual Art.....	Common	<input type="checkbox"/> ₁
k. Music.....	Common	<input type="checkbox"/> ₁
l. Science	Common	<input type="checkbox"/> ₁
m. Home Economics	Common	<input type="checkbox"/> ₁
n. Wood Technology	Common	<input type="checkbox"/> ₁
o. Engineering	Common	<input type="checkbox"/> ₁
p. Graphics	Common	<input type="checkbox"/> ₁
q. Applied Technology.....	Common	<input type="checkbox"/> ₁
r. Business Studies.....	Common	<input type="checkbox"/> ₁
s. Latin	Common	<input type="checkbox"/> ₁
t. Ancient Greek	Common	<input type="checkbox"/> ₁
u. Classics	Common	<input type="checkbox"/> ₁
v. Jewish Studies	Common	<input type="checkbox"/> ₁
w. Religious Education	Common	<input type="checkbox"/> ₁
x. Civic, Social and Political Education (CSPE)	Common ...	<input type="checkbox"/> ₁
y. Physical Education	Common ...	<input type="checkbox"/> ₁
z. Social, Personal and Health Education (SPHE)	Common ...	<input type="checkbox"/> ₁
aa. Other (please specify) _____		<input type="checkbox"/> ₁

27. Which of the following are taught as short courses in junior cycle in the school? (Please tick all that apply)

- a. Coding
- b. Civic, Social and Political Education (CSPE).....
- c. Physical Education (PE)
- d. Digital Media Literacy (DML).....
- e. A Personal Project: Caring for Animals (Level 2).....
- f. Social, Personal and Health Education (SPHE)
- g. Artistic Performance
- h. CSI: Exploring Forensic Science (Level 2)
- i. Chinese Language and Culture.....
- j. Philosophy.....
- k. Other please specify _____

28. If there is more than 1 class in any year group in junior cycle, on what basis are students in the school allocated to their base classes?

- Only 1 class per year-group ₁ Randomly / alphabetically..... ₂
- Performance on standardised tests. ₃ Performance on other tests ₄
- Special educational need/disability ____ ₅ Other [please specify] _____ ₆

29. What proportion of students use an individual electronic device for educational purposes in the classroom? Tick one box for each row. Devices may be owned by either the school or the student.

	Most/all	More than half	About half	Less than half	None
a. Laptops/ netbooks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Tablets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Smartphones/mobile phones	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Other electronic device	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

30. The following statements are about how the revised junior cycle operates in this school. Please state the extent you agree or disagree with each of these statements by ticking one box on each line.

	Strongly agree	Agree	Disagree	Strongly disagree
a. Teachers use a broader range of methodologies since the revised junior cycle	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Teachers are positive about the revised junior cycle curriculum	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. It is challenging to timetable classroom-based assessments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. The school has developed its own short course(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. It is challenging to timetable the required hours for wellbeing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

SECTION E: STUDENT PROFILE AND SCHOOL SUPPORTS

31. Are there any other local schools to which students in your school might go?

Yes ₁ No ₂

32. In general, do more students apply to come to this school than there are places available?

Yes ₁ No ₂

33. If yes, what criteria are used to admit students? [Please tick all that apply]

- a. Proximity to the school
- b. Other siblings in the school
- c. Parents attended the school
- d. Language spoken by the child
- e. Date of application
- f. Religion
- g. Attended attached or feeder primary school
- h. Other (Please specify below) _____

34. In your assessment, approximately what proportion of students 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 the approximate percentage.

Approximate percentage of students 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

35. Approximately, what is the Average Daily Attendance for your school this year (2021/22)?

_____ % Average Daily Attendance OR _____ Average number attending daily

36. What percentage of students missed 20 days or more in the 2020/21 academic year when the school was open (as per the Tusla figures)? _____ %

37. Approximately how many of each of the following groups of students do you have in your school? If none, please write 'NONE' – do not leave blank – the same student can be recorded more than once.

- | | Number |
|---|--------|
| a. Students from an immigrant background..... | _____ |
| b. Students from a Traveller background | _____ |
| c. Students whose native language is other than English / Gaeilge | _____ |
| d. Students with physical / sensory disabilities. | _____ |
| e. Students with learning / intellectual disabilities..... | _____ |

38. What proportion of students in your school usually go on to higher (third-level) education (university, technological university or institute of technology)?

_____ %

39. 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) Single Most Important Approach
	Yes	No	
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"/> ₂
c. Student Mentors	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Study skills programme	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₄
e. Other (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₅

40. Different school personnel can be involved in providing personal and social support to students across the school. In column (a) below please tick the extent to which these staff members are involved in providing support to students. In column (b) please tick one box only to indicate the most important source of support in your school.

	(a) Staff involved?				(b) Single most important source of support
	To a great extent	To some extent	Not to any great extent	Not at all	
a. You as principal	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁
b. Guidance Counsellor(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₂
c. Pastoral care/student support team	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃
d. Year heads	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
e. Class tutors	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Other (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆

41. Does your school provide any of the following activities outside formal class time? (If activities are currently curtailed because of COVID, please answer in relation to the pre-COVID period.)

	Yes	No
a. Homework club/supervised study	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Team sports.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Individual sports.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Choir.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Learning musical instruments.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Drama.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Dance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Debating.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Computer club.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. Other (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

42. Does the school provide: (If activities are currently curtailed because of COVID, please answer in relation to the pre-COVID period.)

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a. A breakfast club | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Free school meals at lunchtime | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

43. Does the school have a healthy eating policy? Yes ₁ No .. ₂

44. Please tick Yes or No to indicate whether or not your school adopts each of the following:

- | | Yes | No |
|--|---------------------------------------|---------------------------------------|
| a. Certain foods/drinks are prohibited in school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Pupils are given guidelines on healthy eating | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Parents are given guidelines on healthy eating | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Mostly healthy foods/drinks are provided in the school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Students are not allowed to leave the school at lunchtime ... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Healthy eating is addressed during subject lessons | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Other (please specify) _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

45. (a) Does the school have a vending machine for food and drink of any sort? Yes . ₁ → Go to 45b No .. ₂ → Go to 46

45. (b) Does the vending machine include sugary drinks? Yes ₁ No ₂

45. (c) Does the vending machine include diet drinks, unsweetened fruit juices and/or water? Yes ₁ No .. ₂

46. Do you use a formal anti-bullying programme in your school (such as the Cool School Programme)?
Yes ₁ No .. ₂

47. How much are students' opinions taken into account when decisions in the school are made about the following:

	To a large extent	To a moderate extent	To a small extent	Not at all
a. School rules	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. The way classes are taught	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Teaching/learning materials	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. School uniforms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

48. To what extent are the following forms of discipline used in your school?

	Often	Occasionally	Rarely	Never
a. Extra classwork	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Extra homework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Writing of 'lines'	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Detention	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Exclusion from sports or other popular activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Verbal (phone or otherwise) report to parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Written report to parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Warning card/'points' system	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Restorative justice (i.e. a focus on mediation and agreement rather than punishment)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. Suspension	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. Expulsion/permanent exclusion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l. Other (specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

SECTION F: PARENTAL INVOLVEMENT

49. Does the school usually hold formal parent-teacher meetings at least once per year? Yes... ₁ No.....₂

50. Approximately what percentage of parents attend parent-teacher meetings? _____per cent

51. Does the school have the following facilities?

- | | Yes | No |
|--|---------------------------------------|---------------------------------------|
| a. An active parents' association/council | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. A parents' room within the school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Parenting courses..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Other courses for parents (e.g. literacy, art/craft) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Access to health or social service professionals on the school premises | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

52. (a) Does the school receive voluntary contributions from parents? Yes....₁ No ..₂

52. (b) If yes, how much is each family asked to give per year? € _____per family

52. (c) What proportion of parents pay? _____%

SECTION G: YOUR OWN EXPERIENCES AS PRINCIPAL

53. What are the main challenges facing you as principal?

54. 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*