

Appendices to
Growing Up in Ireland Cohort '08 at 9 Years
Report Number 2020-2
The Pilot Phase of the Infant Cohort at 9 years of age

Appendices A, B and C

**Information Sheets, Consent Forms and Questionnaires
Used in the Pilot Phase of the 9-year Infant Cohort**

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Appendix B: Home Based Questionnaires

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April 2020

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A1. Information Sheet for Study Child

Child's Information leaflet – Growing Up in Ireland at 9-years of age

Hello there! 😊

You and your parents have been taking part in the *Growing Up in Ireland* project since you were 9 months old! When you have read this leaflet, you and your parents can decide if you would like to take part again.

So what is the *Growing Up in Ireland* project all about? 😊??

In 2007 the government asked us to find out what it is like to be a child growing up in Ireland. Since then we have been interviewing children and their families to see how children are growing up and what things are important to them.

What happens if I take part? 😊??

Taking part is pretty easy.

- ◆ A person from our team, called an interviewer, will visit your home.
- ◆ The interviewer will ask you to fill out questionnaires – about things like: what you think of your school and your teacher; what you think of the place where you live; if you help out around the house and so on.
- ◆ The interviewer will also ask you to do a short reading test. You don't have to learn anything for this. **No-one**, not even your mum or dad, will be told how you do in it.

If there are any questions that you do not like and do not want to answer, you do not have to. Just tell the interviewer you don't want to answer them or just leave them blank.

Four years time.

We hope we will be able to come back and talk to you and your family again when you are 13 years old, to make sure we know all we can about growing up in Ireland.

What do you do now?

When you have read this leaflet talk to your mum or dad about taking part.

A Very Big 'Thank You'!

We would like to thank you for being part of this project. You are helping to make a better future for all children in Ireland.



A2. Information Sheet for Parent(s)

INFORMATION FOR PARENTS / GUARDIANS – 9-year interview.

Your child was one of over 11,000 children and their families who first took part in the *Growing Up in Ireland* study when the children were 9 months of age. This study follows the progress of the same group of children over time. It is being used by government and others to help improve our understanding of all aspects of the lives and needs of children and their families.

We would like to re-interview you and your child in the next few weeks (at a time which suits your family) to find out how he/she has grown and changed over recent years.

Who is running the study?

Growing Up in Ireland is funded by the government, with a contribution from The Atlantic Philanthropies. It is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

What does taking part in the follow-up interview involve?

An interviewer will contact you in the next week or so to make arrangements to interview you, your spouse/partner (where relevant) and your 9-year-old. You and your partner (if relevant) will each be asked to fill out separate questionnaires with the interviewer. Your 9-year-old will also be asked to complete questionnaires and an English vocabulary test. The visit to your home will last about 2½ hours.

As part of the study we would also like to interview your child's teacher about your child and his/her performance in school. You will not be able to see what the teacher says about your child, though you will be able to see a copy of the blank questionnaire in advance, if you wish.

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

Confidentiality

As with the previous interviews, all the information given to a *Growing Up in Ireland* interviewer in the course of the survey is treated in the strictest confidence. It can be used only for research purposes. No-one in government or any government agency or department will be able to identify information given by the family.

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

However, if an interviewer observes something or is told something outside the answers given to the survey questions which causes him/her or the people running the study to have serious concerns for the welfare of a child they may have to tell someone who can help.

We will use an ID number on your questionnaire. This will help to ensure that your information is kept anonymous. The information your family will provide will have your name, address and other identifying information removed. It will then be stored on a computer so that it will be available to researchers through the national data archive.

What kind of questions will my family be asked?

Similar to our last interview, you and your spouse/partner will be asked questions about topics such as your child's health and activities; how they are getting on at school; your own health; your family life and experiences as a parent.

All the questions are straightforward, though some are quite detailed and some will address relatively sensitive issues, like your family's income, your relationship with your spouse or partner (if relevant), family life and so on. The study interviewer will be able to help out if you have any concerns or questions about the actual survey questionnaire itself. Completing all of the questionnaires will take about 2½ hours.

The 9-year-olds will be asked questions about how much they like school and their teacher, about how they get on at home, about the activities they like to do and so on. They will also be asked some questions about how they feel about themselves, their local area and how they get on with their parents. The interviewer will have blank copies of the questionnaire with them if you would like review any of the questions before the child is interviewed. Separately, we would like the child to complete a test of their vocabulary (in English) – this is similar to the ones used in schools.

Whilst we want to ensure that as many children as possible participate and have a voice in the *Growing Up in Ireland* study we respect your right not to have your child participate in parts of the questionnaires or tests, if you would prefer them not to.

Following up in a few years' time:

It is as yet undecided if there will be a further round of follow-up interviews. However, it is possible that we may wish to return to your household again, perhaps when your child is 13 years old.

Who are the Interviewers?

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). Each interviewer carries a photo ID card.

Each interviewer has been specially trained for the study and has been vetted by An Garda Síochána. The interviewer is not allowed to be alone with your child at any time during his/her visit to your home.

If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the *Growing Up in Ireland* team at:

01-863 2000 or Freephone 1800 200 434.

What are my rights if I take part?

- You and your family may choose to withdraw from the study at any time.
- If there are any questions which you do not wish to answer you do not have to do so.

Your participation counts.

Taking part in *Growing Up in Ireland* is voluntary.

It is only by carrying out studies such as these that we can understand the role of all caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

Phone: Freephone 1800 200 434 or call 01-863 2000 and ask for the *Growing Up in Ireland* team.

Visit our website: www.growingup.ie

Email: growingup@esri.ie

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

A3. General Consent Booklet

- **Primary Caregiver's General Consent Form**
- **Study Child's Assent Form**

PARENT/GUARDIAN CONSENT FORM – 9-year interview.

Name of Study Child: _____ Study Child's Date of Birth: : / /
(BLOCK CAPITALS PLEASE) Day Month Year

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have about the *Growing Up in Ireland* study.
- I consent to participating in the *Growing Up in Ireland* study on the terms set out below.
- I consent to my 9-year-old participating in the *Growing Up in Ireland* study.
- I understand that my child's other resident parent, my spouse or partner (where different) will also be asked to take part in the study.
- I understand that none of the information recorded in the survey may be given to any person, government body or agency in a way which could be identified with my child or my family and that no information collected in the study could be used for any purpose other than statistical analysis.
- I have been asked by the interviewer if I want to see a blank copy of the questionnaires which my child will be asked to fill out on the computer.
- I understand that the names, address and other identifying information relating to my family will be removed from the details provided by me and my family in the course of our interviews. The survey information (without identifying details) will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.
- I understand that, although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given on the questionnaires completed by my 9-year-old; by my spouse/partner (if relevant); or by my 9-year-old's other parent (where different).
- I understand that, as with all other parts of the *Growing Up in Ireland* study, neither I nor anyone else will receive any feedback or be told about the answers given by my 9-year-old to the questions which the interviewer asks him/her or which he/she gives in the self-completion questionnaire, regardless of what those answers might be.
- I understand, however, that if the interviewer observes something or is told something other than in answer to direct survey questions, which causes him/her or the people running the study to have serious concerns for the welfare of my 9-year-old, or any other vulnerable person, they may have to tell someone who can help.
- I understand that I may choose not to answer any individual or sets of questions which I am not comfortable with, and still do the rest of the interview.
- I understand that some information on the characteristics of the school which my son/daughter attends may be added to the information which I provide in the survey interview.
- I understand that because this study looks at the development of young people over time, I and my 9-year-old will be asked to participate in a follow-up study in a few years time.

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

Address of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____ Phone: _____

If relevant: Name of Parent/Guardian not resident in your household: _____
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian not resident in your household: _____

Signature of Parent/Guardian not resident in household: _____ Date: _____ Phone: _____

Group H'Hold Child. Int No Int Name: _____

Witnessed: _____ Date / /

FOLLOW UP / TRACING INFORMATION

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

It would be a great help if you could you give us the name and address (or phone number) of two relatives, friends, neighbours or any other persons or organisations who may be able to help us in contacting you, should you change address over the next few years.

[Int: Record details on two contacts below].

Contact 1

Name: _____

Address: _____

Phone: (____) _____

Relationship to Primary Caregiver: _____

Contact 2

Name: _____

Address: _____

Phone: (____) _____

Relationship to Primary Caregiver: _____

Interviewer use only:

Tracing information not given ₉₉

Nested Study

R3. As part of the *Growing Up in Ireland* project there may be related studies from time to time on various topics. There are no plans for any such studies at this time. If one of these so-called 'nested studies' arose we would write to relevant households and ask whether or not we could approach them for interview. Would it be OK if we were to include your family among those to be considered for inclusion in one of these nested studies, should they arise?

OK to include family in nested study ₁

Do not include family in nested study ₂

Date: _____

Permission to Record Study Child's Blood Pressure

- I give permission to the *Growing Up in Ireland* project to record my child's Blood Pressure.
- I understand that the interviewer taking this is not a trained medic.
- I understand that I will receive no specific interpretation of my child's Blood Pressure and that if I have any concerns I should approach my GP.

Signed (by parent / guardian): _____ (parent / guardian)

CHILD'S ASSENT FORM – 9-year interview

My name is: _____
(CAPITAL LETTERS PLEASE)

My date of birth is: ___ / ___ / ___
Day Month Year

I go to school at: _____
(CAPITAL LETTERS PLEASE)

My teacher's name is: _____
(CAPITAL LETTERS PLEASE)

My class is: _____
(CAPITAL LETTERS PLEASE)

- I would like to take part in the *Growing Up in Ireland* study. I have been given and have read the information leaflet and have talked to my parents about taking part.
- I will be asked to fill out a form with questions about me, my pastimes, my family, my school and the place where I live.
- I will take part in a test in reading, but I understand that I do not have to learn anything for this test.
- I understand that the interviewer will take my blood pressure by wrapping a piece of cloth around my arm which will tighten a little bit but won't cause any pain.
- My parents (or whoever looks after me) and my teacher will also be interviewed about themselves and me.
- I do not have to answer questions that I do not like.
- I can stop taking part in the study at any time.

Signature: _____ (9-year-old) Date: _____



A4. School Consent -

- **Primary Caregiver's Consent to Approach Teacher for Teacher-on-Pupil Questionnaire**
- **Primary Caregiver's Consent to Approach School for Drumcondra Vocabulary and Maths Test Scores.**



Permission to record information from the Study Child's Teacher

As part of the *Growing Up in Ireland* project we would like to record details on the school which the Study Child has been attending since September 2016. This will involve asking the teacher to complete a questionnaire on how the Study Child is doing in school. The interviewer can show you a blank copy of the questionnaire if you want to see it. If you agree to allow us to send a questionnaire to your child's teacher about your child please sign below. (We will also be asking the Principal to fill out a questionnaire about the school and the teacher to fill out a questionnaire about him/herself but neither of these specifically relates to your child).

Statement of consent:

- I give permission to the *Growing Up in Ireland* project to approach my child's teacher from September 2016 to request him/her to complete a questionnaire about my child.
- I understand that the interviewer can show me a blank copy of the questionnaire but that neither I nor any member of my family will be able to see the information provided on my child by the teacher.
- The questionnaire will be sent directly to the school and will be returned directly to *Growing Up in Ireland*.
- I understand that, as with all other details collected in the course of this study, the information collected on the teacher's questionnaire about my child will be treated in the strictest confidence and would not be released in any way that would allow me or my family to be identified. I understand that a copy of this consent form may be sent to my child's school, if requested.

Name of Study Child: _____ Study Child's Date of Birth: : / /
(BLOCK CAPITALS PLEASE) Day Month Year

Name of School: _____

Address of School: _____

Name of Principal (if known) (first name) _____ (surname) _____

What class has the Study Child been in since September 2016? _____

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

Address of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____ Phone: _____

Witnessed: _____ Date / /

Office use only

Group H'Hold Child. Int No Int Name: _____

Interviewer: Consent given for teacher questionnaire?: Yes ₁ No ₂



Permission to request standardised test scores from 9-year-old's school

The *Growing Up in Ireland* study would like permission to ask the Study Child's school if the child has sat standardised tests in the school (like the Drumcondra vocabulary test) and, if so, to request the scores in these tests. These are the same sort of tests as the interviewer is administering to your child in the home.

Statement of consent:

- I give permission to the *Growing Up in Ireland* project to ask the school Principal if my 9-year-old has sat standardised tests in English and Maths in the school and, if so, to request that the school provides the test results to the study's researchers.
- I understand that these test scores would be used only for research purposes and would not be released in any way that would allow me or my family to be identified. As with all information collected in the *Growing up in Ireland* project the information can be used only for research purposes.
- I understand that neither I nor anyone else will receive any feedback on the test scores.

Signed (by parent / guardian): _____ (parent / guardian)

Witnessed: _____ Date __ __ / __ __ / __ __

Office use only:

Interviewer: Consent for standardised tests given?: Yes ₁ No ₂

A5. Information Sheet for Parent Living Elsewhere

INFORMATION LEAFLET FOR PARENT LIVING ELSEWHERE – 9-year interview

What is the *Growing Up in Ireland* study?

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

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

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

What will it tell us?

The study will help us to find out all about children's social, emotional and physical development.

The information will help the government to make decisions on what future policies and services will be most beneficial for children and their families in Ireland.

How did you get my name and contact details?

Growing Up in Ireland includes 10,000 9-year-old children and their families.

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

As part of the study he/she was asked for your contact information.

Why should I take part?

We would like to ask you for your help in completing a picture of your child's daily life.

This information will help us to give the government advice on how to help make childhood a better experience for all children and to make improvements for children as they grow up.

Who is running the study?

Growing Up in Ireland is funded by the government with support from The Atlantic Philanthropies. It is being carried out by a group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

What do I do next?

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

The questionnaire asks you about your relationship with your child and some questions on yourself. It is very straightforward and involves ticking boxes.

Will this information be kept confidential?

All the information that you provide is treated in the strictest confidence and will not be seen by the child's other parent/guardian. It will be used exclusively for research purposes.

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

All the details you provide in *Growing Up in Ireland* will have the names, addresses and other identifying information removed. The survey details (without any identifying information) will then be stored on a computer so that they will be available to researchers, for statistical analysis only. The information can only be used for statistical analysis and research purposes. It would be an offence to use it for any other reason.

What are my rights if I take part?

- If you decide to take part you may choose to withdraw from the study at any time.
- If there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

Your participation counts.

Taking part in *Growing Up in Ireland* is voluntary. Your participation will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of all caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

Phone: Freephone 1800 200 434
or contact the Growing Up in Ireland team at 01 8632000.

Web: www.growingup.ie

Email: growingup@esri.ie

Post:

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



A6. Information Sheet for School Principal and Teachers

Principal and Teacher Information Leaflet - *Growing Up in Ireland* study

What is the *Growing Up in Ireland* study?

Growing Up in Ireland is the national longitudinal study of children. It has been carried out since 2007 and is the most important study of children ever undertaken in Ireland. The study focuses on all aspects of a child's life including his/her social, emotional, physical and educational development.

Who is funding the study?

Growing Up in Ireland is funded by the government, with a contribution from The Atlantic Philanthropies. It is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

How was your school selected?

The Study Children and their families who are participating in ***Growing Up in Ireland*** were initially interviewed when the children were 9 months old and were re-interviewed at 3 and 5 years of age.

The children and their families have just been interviewed in their home over the last few months for a fourth time, now that the children are 9 years old. In the course of that interview, we asked the child's parent(s)/guardian(s) to give us details on the school the child attends and to allow us to approach his/her teacher to complete a questionnaire about the Study Child.

What we would like you to do

We have identified the 9-year-olds involved in ***Growing Up in Ireland*** who are attending your school. These Study Children are listed on the enclosed blue sheet. We would be very grateful if you and your teachers would assist us by filling out questionnaires on these Study Children, their teacher and the school. This will involve a number of steps, as follows:

Step One: One of the ***Growing Up in Ireland*** team will attempt to contact you by phone in the coming days to discuss the project. In the meantime, if you have any immediate questions please contact Ms Caroline Goodwin at 01-8632124.

Step Two: We would like you to provide us with the information on the enclosed blue Form A – on whether or not the Study Child still attends your school and, if so, the name of his/her teacher and class.

Step Three: We would also like you to complete the blue Form B – on whether or not the children listed have undertaken any standardized tests in the school (e.g. Drumcondra or Sigma-T or Micra-T tests in English or Maths.) and, if they have, whether or not you would be willing to give us their scores on these tests. The parents of all the children listed on the blue Form B have provided the ***Growing Up in Ireland*** study with signed consent to allow us to request this information from you (if the children have carried out the test in your school).

Step Four: We will then ask you and your staff to complete three types of questionnaires:

- the Principal completes
 - the **Principal's Questionnaire** – the white one.
- the Teacher(s) who have any of the Study Children in their classes complete
 - the **Teacher-on-Self Questionnaire** – the yellow one.
 - the **Teacher-on-Pupil Questionnaire** - the green one.

We estimate that there will be an average of 1-2 Study Children in each school.

Step Five: Each teacher should then seal all his/her completed questionnaires in one of the white envelopes enclosed and return them in the sealed envelope to the Principal.

Step Six: When all the questionnaires for the school have been completed, the Principal puts the Principal's Questionnaire and all the Teachers' envelopes into the single plastic envelope enclosed and posts them back to the ESRI's offices. This is a Freepost envelope and does not need a stamp. We would like the blue Form A and Form B to be returned separately, in the small reply-paid envelope provided.

What does the **Principal’s Questionnaire** involve?

The **Principal’s Questionnaire** (the white one) records information about the school and includes details about:

- the school’s size, number of pupils, gender mix, etc.
- teaching and other school resources.
- student intake and allocation to classes.

We will also ask whether or not the **Growing Up in Ireland** study children who attend your school have sat standardised assessment tests, and if the results of those tests could be made available to the **Growing Up in Ireland** study in respect of children whose parents/guardians have given us signed consent to do so.

We would like you to discuss the **Growing Up in Ireland** study with the teachers involved and show them a copy of this information leaflet. (A few have been included in case more than one teacher is involved).

What are the two types of questionnaires for the teachers and what does filling them out involve?

The class teacher of each Study Child will be asked to complete two types of questionnaire:

- the **Teacher-on-Self Questionnaire** (the yellow one) includes general questions about the Study Child’s main classroom teacher – including age; qualifications; length of time teaching; teaching style and methods.
- the **Teacher-on-Child** Questionnaire (the green one) records information about the Study Child. It includes questions on the Study Child’s subjects; computer usage; attendance record; academic performance and how the child is getting on in school.

If the Principal is the Study Child’s class teacher, s/he should complete these two questionnaires as well.

We have secured signed consent from the Study Child’s parent/guardian to approach the teacher to complete the ‘Teacher-on-Child’ questionnaire. A copy of this signed consent form can be sent to you, if required.

Will this information be kept confidential?

All the information provided by you and your teachers will be treated as strictly confidential. The study is being carried out under the Statistics Act 1993 which governs the work of the Central Statistics Office. This is the same legislation as covered the Census of Population in April 2016.

The information you provide can be used only for statistical purposes in the **Growing Up in Ireland** study. To use it for any other purpose would be an offence.

The information provided by Principals and Teachers cannot be accessed by the Study Child’s parents/guardians and will not be available under the Freedom of Information Act.

Your participation counts

Although taking part in **Growing Up in Ireland** is voluntary, your participation and the participation of your school is very important to the success of the study.

It is only by carrying out a study such as this that we can paint a complete picture of the world of a child growing up in Ireland 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 you find more information about **Growing Up in Ireland**?

Visit our website: http://www.esri.ie/growing-up-in-ireland/	Growing Up in Ireland Economic & Social Research Institute Whitaker Square Sir John Rogerson’s Quay Dublin 2
Phone Ms Caroline Goodwin on 01 8632124	
Freephone 1800 200 434	
Email us at growingup@esri.ie	

THANK YOU TO ALL PRINCIPALS, TEACHERS AND OTHER STAFF FOR YOUR HELP AND ASSISTANCE WITH THE **GROWING UP IN IRELAND STUDY**

B1. Child Main Questionnaire

Growing Up in Ireland

Main Questionnaire for 9 year olds (Infant Cohort)

GROUP HOUSEHOLD CHILD NUMBER

Interviewer Name: _____ Interviewer Number

Time Section Started (24 hour clock) Date: ____/____/____

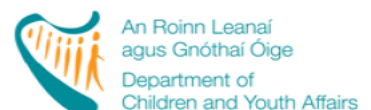
Instructions

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

There are a number of questions which I will read out to you and which I would like you to answer. Some of the questions are about you, your school, your family, friends, how you feel and what you like to do. If you feel that there are any questions which you do not wish to answer, then that's ok.

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

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



First think about school

Section A: School

1. What do you think about school?

Always like it

₁

Sometimes like it

₂

Never like it

₃

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

Well

₁

Average/Ok

₂

Poorly

₃

3. Do you like the following subjects?

Always like it

Sometimes like it

Never like it

a) Maths ₁ ₂ ₃

b) Reading ₁ ₂ ₃

c) Irish ₁ ₂ ₃

4. How often do you get homework?

Never

₁

1-2 times a week

₂

3-4 times a week

₃

Almost every day

₄

5. Do you think your family is better off (has a bigger house, better car, more expensive clothes)

than:

Better off

About the same

Worse off

a) Most of your classmates ₁ ₂ ₃

b) Most of your neighbours ₁ ₂ ₃

c) Other families in Ireland ₁ ₂ ₃

Section B: Activities

Can you think about the activities that you do?

6. Which of the following have you done with your parents within the last week (tick yes or no in respect of each)

	Yes	No
a) Eaten together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Visited relations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) Sat and watched TV	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) Chatted	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) Gone to the park	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f) Gone swimming	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g) Played games at home – board games and so on	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h) Played games outside	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i) Read something together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

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

Yes..... ₁

No ₂ Go to Q26

Do you use it? (tick all the things that you do, and how often you do it?)

	Yes	No		If Yes			
				A few times every day	Once a day	2-3 times a week	Less often
8a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	8b	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
9a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	9b	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
10a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	10b	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
11a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	11b	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
12a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	12b	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	13b	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
14a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	14b	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
15a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	15b	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
16a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	16b	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
17a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	17b	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
18a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	18b	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
19a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	19b	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
20a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	20b	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
21a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	21b	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
22a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	22b	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Please tell me what else you do on the internet?							

23. What type of gadget do you use most when you are online? (tick one)

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

24. Who owns this gadget? (tick one)

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

25. Are you allowed to use the internet without your parents or another adult checking what you are doing?

Yes..... 1 No 2

26. Do you have your own mobile phone?

Yes..... 1 No 2 Go to Q28

27. Can you use this phone to access the internet?

Yes..... 1 No 2

28. Here are some things that children could do in their free time. Can you please tell me which of these you like to do best, second best and third best.

1. Hanging out with friends..... _____
2. Chatting to friends on phone or computer _____
3. Playing sport _____
4. Watching TV _____
5. Playing computer games _____
6. Reading..... _____
7. Playing games outside _____
8. Playing 'pretend' games like "school", "shop", "superheroes" _____
9. Play indoors with toys like dolls, lego, jigsaws or boardgames _____
10. Playing with your pet..... _____
11. Listening to music _____
12. Talking to your family _____
13. Something else (Please write it down) _____

29. What is your favourite hobby or activity? _____

30. About how many friends do you have?

None ... ₀ Go to Q35

1 - 2..... ₁

6 - 10 ₃

3 - 5..... ₂

More than 10... ₄

31. How many of your friends live in the same area as you? (tick ONE box only)

All of them..... ₁

Most of them ... ₂

Some of them..... ₃

None of them ₄

32. Are your friends mostly boys, mostly girls or a mixture of boys and girls? (tick ONE box only)

Mostly boys..... ₁

Mostly girls ₂

A mixture of boys and girls..... ₃

33. How often do you argue or fall out with your friends? (tick ONE box only)

Most days ₁

Less often than once a month ₄

At least once a week..... ₂

Never ₅

At least once a month..... ₃

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

Most days ₁

Less often than once a month ₄

At least once a week ₂

Never ₅

At least once a month..... ₃

35. How often do you play sport?

Never .. ₁ Go to Q37

1-2 times a week... ₂

3-4 times a week ₃

Almost every day... ₄

36. What sport(s) do you play? Tick up to 3 sports, starting with the one played most often:

1. Gaelic football.....

7. Athletics/Running

2. Soccer

8. Rugby

3. Swimming

9. Camogie

4. Dance

10. Horse riding

5. Hurling.....

11. Other (Please write it down)

6. Basketball

37. How often do you take exercise (e.g. running, cycling, swim) for 20 minutes or more ?

Never .. ₁

1-2 times a week... ₂

3-4 times a week ₃

. Almost every day. ₄

38. How would you describe yourself?

Very skinny ₁

A bit overweight..... ₄

A bit skinny ₂

Very overweight..... ₅

Just the right size ₃

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

- Every day ₁
- A few times a week ₂
- Once a week..... ₃
- A few times a month..... ₄
- Less than once a month ₅
- Never ₆ Go to Q41

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

- Stories or novels ₁
- Books that explain things (e.g. about your favourite athlete, animals you like or a place you visited) ₂
- Magazines ₃
- Comic books ₄

41. Below is a list of things that people do. Can you tell me which ones you would generally be expected to do for yourself:

	Yes	No
a) Shower or bathe	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Make breakfast	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) Get yourself up in the morning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) Make a packed lunch	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) Make dinner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f) Tidy your bedroom	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g) Make your bed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

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

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

43. 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 activities, playing with friends or walking to school.

Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football and surfing. For this next section add up all the time you spent in physical activity each day.

Over the past 7 days on how many days were you physically active for a total of at least 60 minutes per day?

No days . ₀ 1 day₁ 2 days ... ₂ 3 days....₃
4 days ... ₄ 5 days....₅ 6 days ... ₆ 7 days....₇

Section C: Likes and Dislikes

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

45. Is there a pet in your family? Yes₁ No.....₂ Go to end

46. What pets do you have? [Tick as many as you have]

Cat..... ₁ Dog₂ Goldfish ₃ Rabbit₄
Other (Please write down)₅. _____

47. Do you like having a pet(s)? Yes.....₁ No.....₂

48. Why is that?

B2. Child Sensitive Questionnaire

Core Sensitive Questionnaire for 9 year olds (Infant Cohort)

Group HOUSEHOLD CHILD NUMBER

Interviewer Name: _____ Interviewer Number:

Date: ____/____/____

Instructions

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

We would like you to complete the following questions in this answer booklet. Some of the questions are about where you live, your school and your family.

This is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you *really think*.

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

How to fill in your answer

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

Example:

Do you have any pets? Yes 1 No 2

Think about where you live

Section A: Where you live

Yes No

1. Do you like living around here? ₁ ₂
2. Do you have plenty of friends to play with around here? ₁ ₂
3. Are there good places to play near your house? ₁ ₂
4. Do you think there is too much traffic near where you live? ₁ ₂
5. Is there a green area for you to play near where you live? ₁ ₂
6. Are the streets dirty around where you live? ₁ ₂
7. Are there youth clubs near where you live? ₁ ₂
8. Is there a playground near where you live? ₁ ₂
9. Do you think there is a lot of graffiti near where you live? ₁ ₂
10. Is there public transport to school (like a bus or train)? ₁ ₂
11. Are there activities to do after school around here? ₁ ₂
12. Are there places for children to play safely near your house? ₁ ₂
13. Are adults living around here usually nice to you? ₁ ₂
14. Do you feel safe living around here? ₁ ₂
15. Are adults around here generally nice to children? ₁ ₂

Now think about school

Section B: School

16. Do you look forward to going to school?
Always ₁ Sometimes ₂ Never ₃
17. Do you like your teacher?
Always ₁ Sometimes ₂ Never ₃
18. Does your teacher treat everyone the same?
Always ₁ Sometimes ₂ Never ₃
19. How often does your teacher?
 - a. Praise you Always ₁ Sometimes ₂ Never ₃
 - b. Give out to you Always ₁ Sometimes ₂ Never ₃
 - c. Talk to you (not about school) Always ₁ Sometimes ₂ Never ₃

- 20.** Thinking back over the last year would you say that anyone (either a child or an adult) picked on you?

Yes ₁

No ₂(If you have answered no, please skip to Question 24)

21. How did they pick on you	Yes	No
a) By shoving, pushing, hitting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Name calling, slagging	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) Text messaging, emails, online etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) Written messages / notes etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) Leaving them out of games / chats	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

- 22.** If you were picked on, did this upset you?

A lot.....₁

A little₂

Not at all₃

- 23.** How often did someone pick on you?

Once or twice. ₁

Now and again. ₂

Almost every week ₃

Almost every day. ₄

- 24.** Thinking back over the last year would you say that you picked on someone (either a child or an adult)?

Yes ₁

No ₂(If you have answered no, please skip to Question 27)

25. How did you pick on them	Yes	No
a) By shoving, pushing, hitting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Name calling, slagging	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) Text messaging, emails, online etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) Written messages / notes etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) Leaving them out of games / chats	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

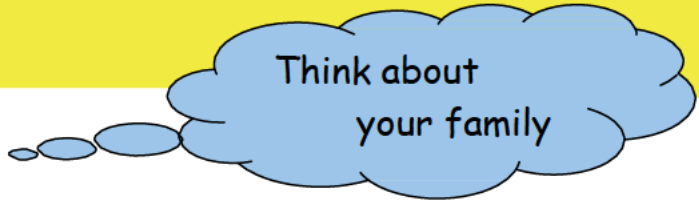
- 26.** How often did you pick on someone?

Once or twice. ₁

Now and again. ₂

Almost every week ₃

Almost every day. ₄



Section C: Family

27. Do you have brothers or sisters? Yes ₁ No ₂ Go to Q29

28. Do you get on with them? Always ... ₁ Sometimes.. ₂ Never ₃

29. If you have a problem who would you talk to about it?

Please tick all the people you would talk to

- a) Mum ₁
- b) Dad ₂
- c) Mum's partner ₃
- d) Dad's partner ₄
- e) Teacher ₅
- f) Friends ₆
- g) Brother or sister ₇
- h) Grandparent ₈
- i) Someone else ₉
- j) Nobody ₁₀

30. And what else, apart from talking to someone, would you do to help you feel better if you were sad or had a problem? *(tick all that you do)*

- a) Play sports or exercise ₁
- b) Play computer games ₂
- c) Play other games or with toys ₃
- d) Play with or talk to your pet ₄
- e) Read ₅
- f) Watch television ₆
- g) Eat something nice ₇
- h) Spend time with family or friends ₈
- i) Something else ₉
- j) Nothing ₁₀

31. Can you tell me how often you have a say in what the family does (such as what to watch on TV, what to do at weekends, where to go on family outings or holidays)?

Always ₁ Sometimes ₂ Never ₃

That is the end of this part of the questionnaire. The interviewer will now give you another part to complete.

Thank you for all your help.

B3. Parenting Style Inventory [in respect of Mum, Dad, Mum's Partner, Dad's Partner (as relevant to family structure)]

Self-Complete Questionnaire for 9 year olds (M)

GROUP HOUSEHOLD CHILD NUMBER

Interviewer Name: _____ Interviewer Number:

Date: ____/____/____

We would now like to ask you some questions about your mum!

1. Do you think your mum encourages you to do well at school?

Always₁ Sometimes.....₂ Never₃

2. How well do you get on with your mum?

Very well.....₁ Fairly well₂ You and your mum do not get on.....₃

3. Here are some things you might think about your mum. Please tick the answer that suits you best.

a. Does your mum really expect you to follow family rules?

Always.....₁ Sometimes.....₂ Never.....₃

b. Does your mum like you to tell her when you are worried?

Always.....₁ Sometimes.....₂ Never.....₃

c. Does your mum usually praise you for doing well?

Always.....₁ Sometimes.....₂ Never.....₃

d. Does your mum really let you get away with things?

Always.....₁ Sometimes.....₂ Never.....₃

e. Does your mum punish you if you do not behave yourself?

Always.....₁ Sometimes.....₂ Never.....₃

f. Can you count on your mum to help you out if you have a problem?

Always.....₁ Sometimes.....₂ Never.....₃

g. Does your mum point out ways you could do better?

Always.....₁ Sometimes.....₂ Never.....₃

h. Does your mum spend time just talking to you?

Always.....₁ Sometimes.....₂ Never.....₃

i. Does your mum let you know when you do something wrong?

Always.....₁ Sometimes.....₂ Never.....₃

j. Do you and your mum do things together that are just for fun?

Always.....₁ Sometimes.....₂ Never.....₃

4. When you are bold how often does your mum ...

		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

Growing Up in Ireland
Self-Complete Questionnaire for 9 year olds (D)

I5P

GROUP HOUSEHOLD CHILD NUMBER

Interviewer Name: _____ Interviewer Number:

Date: ____/____/____

We would now like to ask you some questions about your dad!

1. Do you think your dad encourages you to do well at school?

Always₁ Sometimes.....₂ Never₃

2. How well do you get on with your dad?

Very well.....₁ Fairly well₂ You and your dad do not get on₃

3. Here are some things you might think about your dad. Please tick the answer that suits you best.

a. Does your dad really expect you to follow family rules?

Always.....₁ Sometimes.....₂ Never.....₃

b. Does your dad like you to tell him when you are worried?

Always.....₁ Sometimes.....₂ Never.....₃

c. Does your dad usually praise you for doing well?

Always.....₁ Sometimes.....₂ Never.....₃

d. Does your dad really let you get away with things?

Always.....₁ Sometimes.....₂ Never.....₃

e. Does your dad punish you if you do not behave yourself?

Always.....₁ Sometimes.....₂ Never.....₃

f. Can you count on your dad to help you out if you have a problem?

Always.....₁ Sometimes.....₂ Never.....₃

g. Does your dad point out ways you could do better?

Always.....₁ Sometimes.....₂ Never.....₃

h. Does your dad spend time just talking to you?

Always.....₁ Sometimes.....₂ Never.....₃

i. Does your dad let you know when you do something wrong?

Always.....₁ Sometimes.....₂ Never.....₃

j. Do you and your dad do things together that are just for fun?

Always.....₁ Sometimes.....₂ Never.....₃

4. When you are bold how often does your dad ...

		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

Growing Up in Ireland

Self-Complete Questionnaire for 9 year olds (MP)

I5P

GROUP HOUSEHOLD CHILD NUMBER

Interviewer Name: _____ Interviewer Number:

Date: ____/____/____

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

1. Do you think she encourages you to do well at school?

Always₁ Sometimes.....₂ Never₃

2. How well do you get on with her?

Very well₁ Fairly well.....₂ You and her do not get on.....₃

3. Here are some things you might think about her. Please tick the answer that suits you best.

a. Does she really expect you to follow family rules?

Always₁ Sometimes₂ Never₃

b. Does she like you to tell her when you are worried?

Always₁ Sometimes₂ Never₃

c. Does she usually praise you for doing well?

Always₁ Sometimes₂ Never₃

d. Does she really let you get away with things?

Always₁ Sometimes₂ Never₃

e. Does she punish you if you do not behave yourself?

Always.....₁ Sometimes.....₂ Never.....₃

f. Can you count on her to help you out if you have a problem?

Always.....₁ Sometimes.....₂ Never.....₃

g. Does she point out ways you could do better?

Always.....₁ Sometimes.....₂ Never.....₃

h. Does she spend time just talking to you?

Always.....₁ Sometimes.....₂ Never.....₃

i. Does she let you know when you do something wrong?

Always.....₁ Sometimes.....₂ Never.....₃

j. Do you and her do things together that are just for fun?

Always.....₁ Sometimes.....₂ Never.....₃

4. When you are bold how often does she?

		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



Growing Up in Ireland

Self-Complete Questionnaire for 9 year olds (MP)

I5P

GROUP HOUSEHOLD CHILD NUMBER

Interviewer Name: _____ Interviewer Number:

Date: ____/____/____

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

1. Do you think he encourages you to do well at school?

Always₁ Sometimes.....₂ Never₃

2. How well do you get on with him?

Very well₁ Fairly well.....₂ You and him do not get on.....₃

3. Here are some things you might think about him. Please tick the answer that suits you best.

a. Does he really expect you to follow family rules?

Always₁ Sometimes₂ Never₃

b. Does he like you to tell him when you are worried?

Always₁ Sometimes₂ Never₃

c. Does he usually praise you for doing well?

Always₁ Sometimes₂ Never₃

d. Does he really let you get away with things?

Always₁ Sometimes₂ Never₃

e. Does he punish you if you do not behave yourself?

Always.....₁ Sometimes.....₂ Never.....₃

f. Can you count on him to help you out if you have a problem?

Always..... ₁ Sometimes..... ₂ Never..... ₃

g. Does he point out ways you could do better?

Always..... ₁ Sometimes..... ₂ Never..... ₃

h. Does he spend time just talking to you?

Always..... ₁ Sometimes..... ₂ Never..... ₃

i. Does he let you know when you do something wrong?

Always..... ₁ Sometimes..... ₂ Never..... ₃

j. Do you and he do things together that are just for fun?

Always..... ₁ Sometimes..... ₂ Never..... ₃

4. When you are bold how often does he?

		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

Growing Up in Ireland

I5M

Self-Complete Questionnaire for 9 year olds (DP)

GROUP HOUSEHOLD CHILD NUMBER

Interviewer Name: _____ Interviewer Number:

Date: ___/___/___

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

1. Do you think she encourages you to do well at school?

Always ₁ Sometimes..... ₂ Never..... ₃

2. How well do you get on with her?

Very well..... ₁ Fairly well.... ₂ You and her do not get on..... ₃

3. Here are some things you might think about her. Please tick the answer that suits you best.

a. Does she really expect you to follow family rules?

Always ₁ Sometimes..... ₂ Never..... ₃

b. Does she like you to tell her when you are worried?

Always ₁ Sometimes..... ₂ Never..... ₃

c. Does she usually praise you for doing well?

Always ₁ Sometimes..... ₂ Never..... ₃

d. Does she really let you get away with things?

Always ₁ Sometimes..... ₂ Never..... ₃

e. Does she punish you if you do not behave yourself?

Always ₁ Sometimes..... ₂ Never..... ₃

f. Can you count on her to help you out if you have a problem?

Always ₁ Sometimes.....₂ Never..... ₃

g. Does she point out ways you could do better?

Always ₁ Sometimes.....₂ Never..... ₃

h. Does she spend time just talking to you?

Always ₁ Sometimes.....₂ Never..... ₃

i. Does she let you know when you do something wrong?

Always ₁ Sometimes.....₂ Never..... ₃

j. Do you and she do things together that are just for fun?

Always ₁ Sometimes.....₂ Never..... ₃

4. When you are bold how often does she?

		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

Growing Up in Ireland

I5M

Self-Complete Questionnaire for 9 year olds (DP)

GROUP HOUSEHOLD CHILD NUMBER

Interviewer Name: _____ Interviewer Number:

Date: ___/___/___

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

1. Do you think he encourages you to do well at school?

Always ₁ Sometimes..... ₂ Never..... ₃

2. How well do you get on with him?

Very well..... ₁ Fairly well.... ₂ You and him do not get on..... ₃

3. Here are some things you might think about him. Please tick the answer that suits you best.

a. Does he really expect you to follow family rules?

Always ₁ Sometimes..... ₂ Never..... ₃

b. Does he like you to tell him when you are worried?

Always ₁ Sometimes..... ₂ Never..... ₃

c. Does he usually praise you for doing well?

Always ₁ Sometimes..... ₂ Never..... ₃

d. Does he really let you get away with things?

Always ₁ Sometimes..... ₂ Never..... ₃

e. Does he punish you if you do not behave yourself?

Always ₁ Sometimes..... ₂ Never..... ₃

f. Can you count on him to help you out if you have a problem?

Always ₁ Sometimes..... ₂ Never..... ₃

g. Does he point out ways you could do better?

Always ₁ Sometimes..... ₂ Never..... ₃

h. Does he spend time just talking to you?

Always ₁ Sometimes..... ₂ Never..... ₃

i. Does he let you know when you do something wrong?

Always ₁ Sometimes..... ₂ Never..... ₃

j. Do you and he do things together that are just for fun?

Always ₁ Sometimes..... ₂ Never..... ₃

4. When you are bold how often does he?

		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



B4. Piers Harris Scale (redacted for copyright reasons)

B5. Drumcondra Reading Test (redacted)

- **Level 2**
- **Level 3**
- **Level 4**

B6. Selective Attention Test (redacted)

B7. One-Day Time-Use Drop Off

Food and Drink Consumed

T3 Has the Study Child had the following foods and drinks once, more than once, or not at all ON THE SAME DAY AS THE ACTIVITIES DIARY (THE WHOLE 24 HOUR PERIOD)?

	Once	More than Once	Not At All	Don't know
A. Fresh fruit.....	□ ₁	□ ₂	□ ₃	□ ₄
B. Fruit juice.....	□ ₁	□ ₂	□ ₃	□ ₄
C. Meat / Chicken / Fish.....	□ ₁	□ ₂	□ ₃	□ ₄
D. Eggs.....	□ ₁	□ ₂	□ ₃	□ ₄
E. Cooked vegetables.....	□ ₁	□ ₂	□ ₃	□ ₄
F. Raw vegetables or salad.....	□ ₁	□ ₂	□ ₃	□ ₄
G. Meat pie, hamburger, hot dog, sausage or sausage roll.....	□ ₁	□ ₂	□ ₃	□ ₄
H. Hot chips or French fries.....	□ ₁	□ ₂	□ ₃	□ ₄
I. Crisps or savoury snacks.....	□ ₁	□ ₂	□ ₃	□ ₄
J. Bread.....	□ ₁	□ ₂	□ ₃	□ ₄
K. Potatoes/ Pasta/ Rice.....	□ ₁	□ ₂	□ ₃	□ ₄
L. Cereals.....	□ ₁	□ ₂	□ ₃	□ ₄
M. Biscuits, doughnuts, cake, pie or chocolate.....	□ ₁	□ ₂	□ ₃	□ ₄
N. Cheese/yoghurt/ fromage frais.....	□ ₁	□ ₂	□ ₃	□ ₄
O. Low fat Cheese/ low fat yoghurt.....	□ ₁	□ ₂	□ ₃	□ ₄
P. Water (tap water / still water/ sparkling water).....	□ ₁	□ ₂	□ ₃	□ ₄
Q. Soft drinks / minerals / cordial / squash (not diet).....	□ ₁	□ ₂	□ ₃	□ ₄
R. Soft drinks / minerals / cordial / squash (diet).....	□ ₁	□ ₂	□ ₃	□ ₄
S. Full cream milk or full cream milk products.....	□ ₁	□ ₂	□ ₃	□ ₄
T. Skimmed milk or skimmed milk products.....	□ ₁	□ ₂	□ ₃	□ ₄

T4. Did you complete this questionnaire with Study Child? Yes.....□ No.....□₂

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

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



GROWING UP IN IRELAND

15P

Group Household Code Child Number

Interviewer Name _____ Interviewer Number:

Time Use Diary and Food Frequency Questionnaire

STRICTLY CONFIDENTIAL

As part of the *Growing Up in Ireland* project we would like to record details on how 9-year old children in Ireland spend their time.

We would like you to complete the enclosed time-use diary with the Study Child as shown by the interviewer. Simply mark the booklet to indicate what the Study Child was doing for each quarter hour in the day. To do this draw an arrow through the relevant 15 minute slots to indicate what the Study Child was doing.

If a child was engaged in a number of activities in any given 15-minute time period we would like you to record their MAIN activity - for example if the child was watching TV and also eating a snack and if you consider his/her main activity to be watching the TV at that time then record this in row 15 - Watching TV and Videos/DVDs rather than in row 4 on Eating/Drinking.

We would also like you to tell us in Question T3 how often the child ate each of the foods, on the same day as the activities diary.

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

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

Day: _____ **Date:** _____

T0. Please record the day and date of the Time-use Diary Day, i.e. the day the activities relate to:

Day: _____ **Date:** _____ DD/MM

T1. Was this :

- A school day.....□₁ A holiday or family celebration.....□₃
- A weekend day.....□₂ A day when something special was happening in your home (someone was sick/visiting, a family crisis, etc).....□₄

T2. When did you fill in the diary? Please tick (✓) one box

- Now and then during the diary day.....□₁ The day after the diary day.....□₃
- At the end of the diary day.....□₂ Later.....□₄ About how many days after? _____ days

Activity	am													
	00.00 am	01.00 am	02.00 am	03.00 am	04.00 am	05.00 am	06.00 am	07.00 am	08.00 am	09.00 am	10.00 am	11.00 am		
	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45
1. SLEEPING														
2. RESTING/RELAXING (doing nothing, 'time out')														
3. PERSONAL CARE (washing, dressing, toilet)														
4. EATING/DRINKING/HAVING A MEAL														
5. TRAVELLING TO AND FROM SCHOOL														
6. OTHER TRAVELLING (incl. leisure and domestic trips; dropping to games, matches etc)														
7. AT SCHOOL														
8. HOMEWORK														
9. PHYSICAL PLAY/EXERCISE/SPORTS (playground, running, chasing, football, judo, ballet,dance)														
10. PLAYING BOARD GAMES, CARDS etc.(card games, snakes & ladders, Monopoly, Trivial Pursuit etc)														
11. GENERAL PLAY (with toys, dolls,cars etc;dressing up, 'playing house', imaginary or make believe games)														
12. HOBBIES AND OTHER LEISURE ACTIVITIES (crafts, model making, painting, music practice etc.)														
13. COMPUTER/INTERNET /PLAY STATION / X-BOX etc. (playing on computer, with computer games)														
14. EMAIL/SOCIAL MEDIA / MSN / TEXTING/ ON THE PHONE (contacting, messaging friends or others)														
15. WATCHING TV AND VIDEOS/DVDS etc														
16. READING BOOKS, COMICS, MAGAZINES ETC.														
17. HOUSEHOLD CHORES / HOUSEWORK														
18. VISITS TO A RELATIVE'S HOUSE FOR PURPOSES OTHER THAN PLAY														
19. ON A FAMILY OUTING (a trip out as a family)														
20. ON A SHOPPING TRIP (shopping for groceries, clothes etc.)														
21. RELIGIOUS ACTIVITY (attending religious services, prayer etc.)														
22. NOT SURE														

Activity	pm													
	12.00 noon	01.00 pm	02.00 pm	03.00 pm	04.00 pm	05.00 pm	06.00 pm	07.00 pm	08.00 pm	09.00 pm	10.00 pm	11.00 pm		
	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45	15 30 45
1. SLEEPING														
2. RESTING/RELAXING (doing nothing, 'time out')														
3. PERSONAL CARE (washing, dressing, toilet)														
4. EATING/DRINKING/HAVING A MEAL														
5. TRAVELLING TO AND FROM SCHOOL														
6. OTHER TRAVELLING (incl. leisure and domestic trips; dropping to games, matches etc)														
7. AT SCHOOL														
8. HOMEWORK														
9. PHYSICAL PLAY/EXERCISE/SPORTS (playground, running, chasing, football, judo, ballet,dance)														
10. PLAYING BOARD GAMES, CARDS etc.(card games, snakes & ladders, Monopoly, Trivial Pursuit etc)														
11. GENERAL PLAY (with toys, dolls,cars etc;dressing up, 'playing house', imaginary or make believe games)														
12. HOBBIES AND OTHER LEISURE ACTIVITIES (crafts, model making, painting, music practice etc.)														
13. COMPUTER/INTERNET /PLAY STATION / X-BOX etc. (playing on computer, with computer games)														
14. EMAIL/SOCIAL MEDIA / MSN / TEXTING/ ON THE PHONE (contacting, messaging friends or others)														
15. WATCHING TV AND VIDEOS/DVDS etc														
16. READING BOOKS, COMICS, MAGAZINES ETC.														
17. HOUSEHOLD CHORES / HOUSEWORK														
18. VISITS TO A RELATIVE'S HOUSE FOR PURPOSES OTHER THAN PLAY														
19. ON A FAMILY OUTING (a trip out as a family)														
20. ON A SHOPPING TRIP (shopping for groceries, clothes etc.)														
21. RELIGIOUS ACTIVITY (attending religious services, prayer etc.)														
22. NOT SURE														

B8. Primary Caregiver Main Questionnaire

**GROWING UP IN IRELAND
STRICTLY CONFIDENTIAL**

INFANT COHORT AT 9 YEARS

PRIMARY CAREGIVER QUESTIONNAIRE

GROUP HOUSEHOLD CHILD NUMBER

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: ____ dd ____ mm ____ yy

We are seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about ____ minutes to complete [INTERVIEWER: ADJUST AS APPROPRIATE FOR YOU IN THE FIELD]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

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

Section A – Household Composition

A1a. Is <primary caregiver at Previous wave> still resident in the household?

Yes ₁ No ₂ →

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

Yes ₁ No ₂

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

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

No.	First name	Sex M F	Date of Birth	If DOB not available	Still resident? Y N	Relationship of each member to PCG and child.		(E) [CARD PES]								
						R'SHIP TO: CARD REL PCG	R'SHIP TO: CARD REL Study Child	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other		
						////	////									
1		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2											
2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2											
3		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
4		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
5		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
6		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
7		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
8		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		

Interviewer: PCG should be on line 1. Study Child should be on line 2. SCG on line 3 (if relevant).

[BLAISE CONDITION: IF ANY PERSON RESIDENT AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD AT CURRENT WAVE: ASK QUESTIONS AS1 – AS3 ON THE SENSITIVE QUESTIONNAIRE]

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

A3a. Has anyone else joined the household since we last spoke and is currently living with you?

Yes 1

No 2 Go to A4

A3b. How many people have joined the household since we last spoke?

No	First Name	Sex M F	Date of Birth	If DOB not available	Relationship of each member to PCG and child		Since when have they been living with you		Resident Y/N	[CARD PES]						
					PCG (Card REL)	Child (Card REL)	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

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

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

Yes ₁

No ₂ →

[INTERVIEWER: CHECK HOUSEHOLD GRID]

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

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

Yes ₁ Go to A9a

No ₂

A6a. Why is that? -----

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

A6b. You mentioned that <spouse/partner> [identified at A1b above] lives here with you as part of the household. This means that we should interview him/her as the primary caregiver of <child> on this occasion. Is that correct?

Yes ₁

No ₂

[INTERVIEWER: PLEASE ESTABLISH WHO IS THE PRIMARY CAREGIVER OF <CHILD> AT THIS TIME] Go to A9a

[INTERVIEWER IF PRIMARY CAREGIVER AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD AT CURRENT WAVE ASK A7a – A9.]

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

Yes ₁

No ₂ →

[INTERVIEWER: ASK TO SPEAK TO PCG]

A7b. [CARD A7B] Can you please tell me which of the following best describes your relationship to <child>? [INTERVIEWER USE CODES ONLY]

Biological mother/ father ₁

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

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

Yes ₁

No ₂

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

No.	First name/Initial	Sex M F	Date of Birth	If DOB not availa ble	Was this Person Resident at Previous wave?		Relationship of each member to PCG and child.		(E) [CARD PES]						
					Y	N	R'SHIP TO: CARD REL PCG	R'SHIP TO: CARD REL Study Child	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

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

Born into the household ₁

Joined for another reason (specify) _____ ₂

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

Go to A9a

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

Yes ₁ No ₂

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

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

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

1. Male ₁ Female ₂ Date of Birth ____ / ____ / ____ Relationship to <child> [CARD A9c]

2. Male ₁ Female ₂ Date of Birth ____ / ____ / ____ Relationship to <child> [CARD A9c]

3. Male ₁ Female ₂ Date of Birth ____ / ____ / ____ Relationship to <child> [CARD A9c]

Section B - Child's Relationships

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

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

B4. [CARD B4] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Does not really apply	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. My child and I always seem to be struggling with each other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. If upset, my child will seek comfort from me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. My child is uncomfortable with physical affection or touch from me...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. My child values his/her relationship with me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. When I praise my child he/she beams with pride	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. My child spontaneously shares information about his/herself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. My child easily becomes angry at me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. It is easy to be in tune with what my child is feeling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. My child remains angry or is resistant after being disciplined	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. Dealing with my child drains my energy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. When my child is in a bad mood I know we're in for a long and difficult day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. My child's feelings toward me can be unpredictable or can change suddenly.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. My child openly shares his/her feelings and experiences with me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B5. [CARD B5] How often do you do the following when <child> misbehaves?

Never Rarely Now and again Regularly Always Can't say

- a. Discuss/Explain why behaviour was wrong.... 1 2 3 4 5 6
- b. Ignore him/her 1 2 3 4 5 6
- c. Shout or yell at him/her 1 2 3 4 5 6
- d. Send him/her out of the room or to his/her bedroom or naughty step 1 2 3 4 5 6
- e. Take away treats/pocket money 1 2 3 4 5 6
- f. Tell him/her off 1 2 3 4 5 6
- g. Bribe him/her 1 2 3 4 5 6
- h. Ground him/her 1 2 3 4 5 6

B6.

I ..

- a. 1 2 3 4
- b. 1 2 3 4
- c. 1 2 3 4
- d. 1 2 3 4
- e. 1 2 3 4
- f. 1 2 3 4
- g. 1 2 3 4
- h. 1 2 3 4
- i. 1 2 3 4
- j. 1 2 3 4
- k. 1 2 3 4
- l. 1 2 3 4
- m. 1 2 3 4
- n. 1 2 3 4
- o. 1 2 3 4
- p. 1 2 3 4
- q. 1 2 3 4
- r. 1 2 3 4
- s. 1 2 3 4
- t. 1 2 3 4
- u. 1 2 3 4
- v. 1 2 3 4
- w. 1 2 3 4
- x. 1 2 3 4
- y. 1 2 3 4
- z. 1 2 3 4

B7. What do you think about smacking a child when he/she misbehaves would you say it is...

- Never justified 1 Sometimes justified 2 Always justified 3
- Depends on the circumstances 4 Don't know 5

Section C - Child's physical health and development

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

C1. [CARD C1] In general, how would you describe <child's> current health?

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

C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?

- Yes ₁ No ₂ → **Go to C10**

C3. [CARD C3] What longstanding illness, condition or disability does <child> have?
[INTERVIEWER – CODE FOR UP TO 3 ILLNESSES]

- | | |
|-----------------------------------------------------------------------------|----------------------------------------|
| Asthma | <input type="checkbox"/> ₁ |
| Cystic Fibrosis | <input type="checkbox"/> ₂ |
| Heart abnormalities | <input type="checkbox"/> ₃ |
| Eczema or any kind of skin allergy | <input type="checkbox"/> ₄ |
| Any kind of respiratory allergy (including hayfever) | <input type="checkbox"/> ₅ |
| Any kind of food or digestive allergy or food intolerance | <input type="checkbox"/> ₆ |
| Problem with non-food allergies, such as to dust, animals or medicine | <input type="checkbox"/> ₇ |
| Bone, joint or muscle problems..... | <input type="checkbox"/> ₈ |
| A problem using his/her arms or legs | <input type="checkbox"/> ₉ |
| A problem using his/her hands or fingers | <input type="checkbox"/> ₁₀ |
| Hyperactivity/Problems with attention ADD / ADHD | <input type="checkbox"/> ₁₁ |
| Severe behavioural problems | <input type="checkbox"/> ₁₂ |
| Autism Spectrum Disorder | <input type="checkbox"/> ₁₃ |
| Other psychological or emotional condition | <input type="checkbox"/> ₁₄ |
| Intellectual disability | <input type="checkbox"/> ₁₅ |
| Diabetes | <input type="checkbox"/> ₁₆ |
| Kidney disease | <input type="checkbox"/> ₁₇ |
| Migrainous headaches | <input type="checkbox"/> ₁₈ |
| Epilepsy or seizures | <input type="checkbox"/> ₁₉ |
| Down syndrome | <input type="checkbox"/> ₂₀ |
| Spina bifida/hydrocephalis | <input type="checkbox"/> ₂₁ |
| Cerebral palsy | <input type="checkbox"/> ₂₂ |
| Other (please specify) | <input type="checkbox"/> ₂₃ |

[INTERVIEWER – CODE FOR UP TO 3 ILLNESSES]
C4. Has this illness, condition or disability been diagnosed by a medical professional?

- Yes ₁ No ₂

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

C6. Since when has <child> had this illness, condition or disability? _____ month

C7. Do any of these illnesses hamper <child> in his/her daily activities?

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

C8. To which food or foods. Please specify all types of food to which <child> has a food or digestive allergy or food intolerance

- a. Food 1: _____ b. Food 2: _____ c. Food 3: _____

C9. Does <child> currently take any medication (including inhalers) for this longstanding illness, condition or disability; something that has been prescribed by a doctor or that you buy over the counter in the pharmacy? Don't include vitamin supplements unless they have been recommended or prescribed by a doctor. To be sure I get the name of the medication completely correct, it would help if you could show me the actual labels.

[INTERVIEWER: CODE UP TO FIVE AND FOR EACH CONFIRM THAT YOU HAVE READ THE LABEL OR BOX YOURSELF. ALSO INCLUDE WHEN THE CHILD MOST RECENTLY STARTED TO TAKE THE MEDICATION AND THE CURRENT DOSAGE E.G. ONE TABLET TWICE A DAY OR TWO PUFFS EVERY FOUR HOURS.]

	Medication	When started		Dosage	Label checked?
		Month	Year		
1					
2					
3					
4					
5					

C10. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction?

[INTERVIEWER: EXPLAIN THAT 'CORRECTION' INCLUDES BEING PRESCRIBED GLASSES]

Yes, currently.....₁ Yes, in the past₂ No ₃

C11. Has this sight problem been diagnosed by a medical professional?

Yes₁ No.....₂

C12. What is the nature of this sight problem?

C13. Since when has <child> had this sight problem? _____ year

C14. Since when has <child> had this sight problem? _____ month

C15. Does this sight problem hamper <child> in his/her daily activities?

Yes, severely₁ Yes, to some extent.....₂ No.....₃

C16. Does <child> currently have, or at any time in the past had, any sort of hearing problem requiring correction?

Yes, currently.....₁ Yes, in the past₂ No ₃

C17. Has this hearing problem been diagnosed by a medical professional?

Yes₁ No.....₂

C18. What is the nature of this hearing problem?

C19. Since when has <child> had this hearing problem? _____ year

C20. Since when has <child> had this hearing problem? _____ month

C21. Does this hearing problem hamper <child> in his/her daily activities?

Yes, severely₁ Yes, to some extent.....₂ No.....₃

C22. Has <child> ever had grommets inserted in his / her eardrums?

Yes₁ No.....₂

C23. When? Year _____ Month _____

C24. Does <child> usually require ongoing support to be able to move around?

Yes ₁ No ₂

C25. What supports does <child> require? [INTERVIEWER: TICK YES OR NO FOR EACH]

	Yes	No
A. Braces.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
B. Crutches.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
C. A stick.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
D. Wheelchair.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
E. Other (specify).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

C26. Does <child> need the help of another person to get around in the wheelchair?

Yes ₁ No ₂

C27. In the past 12 months has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes ₁ No ₂

C28. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? _____ N

C29. In the past 12 months has your child been prescribed the following specifically for this wheezing with whistling on his/her chest?

	Yes	No
a) An inhaler.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Antibiotics.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) A nebuliser.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

C30. [CARD C30] In the past 12 months, how many times have you seen or talked on the telephone with any of the following about <child's> physical or emotional health? [INTERVIEWER: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]

a. A general practitioner (GP).....	_____ N
b. Out-of-hours GP service.....	_____ N
c. A paediatrician / consultant / hospital doctor.....	_____ N
d. A public health nurse.....	_____ N
e. A practice nurse (i.e. a nurse in a GP's surgery/clinic).....	_____ N
f. A psychiatrist/psychologist.....	_____ N
g. Accident and Emergency.....	_____ N
h. A private walk-in clinic or medical centre e.g. Swiftcare.....	_____ N
i. A social worker.....	_____ N
j. A speech therapist.....	_____ N
k. Other medical professional (please specify).....	_____ N

C31. Has <child> received a course of antibiotics in the past 12 months?

Yes ₁ No ₂

C32. In total, how many courses of antibiotics has <child> received in the past 12 months? _____ N

C33. Since the time of the last interview in MM/YY, approximately how many nights has <child> spent in hospital? _____ nights [INTERVIEWER: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']

C34. Most children have accidents at some time. Since the last time we interviewed you when <child> was age 5 years, has <child> had an accident or injury for which <pronoun> has been taken to the doctor, health centre or hospital?

Yes ₁ No ₂

C35. How many separate accidents has <child> had since the last interview? _____ accidents

C36. [CARD C36] Thinking about the MOST RECENT (or only) accident or injury since the last interview, what sort of accident or injury was it?

Loss of consciousness / knocked out ₁

- Bang on the head / injury to head without being knocked out 2
- Broken bone or fracture 3
- Near drowning 4
- Swallowed household cleaner / other poison / pills 5
- Swallowed object 6
- Cut needing stitches or glue..... 7
- Injury to mouth or tooth 8
- Burn or scald 9
- Other (please specify) _____ 10

C37. What age was <child> when this MOST RECENT (or only) accident or injury happened?

_____ Years

C38. Did <child> go to the hospital? Yes 1 No 2

C39. Was this to Casualty / Accident and Emergency only or was he/she admitted to a hospital ward?

- Casualty / Accident and Emergency only 1
- Admitted to a Hospital Ward 2

C40. [CARD C40]Where did this accident happen?

- In your home 1
- A friend's, neighbour's or relative's house 2
- In childcare – childminder's house or after-school care 3
- In school..... 4
- Outside in your local neighbourhood 5
- Outside, somewhere else – not in your local neighbourhood..... 6
- Other (please specify) _____ 7

C41. [CARD C41] Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it because: [INTERVIEWER: READ OUT]

- | | Yes | No |
|----------------------------------------------------------------------------|----------------------------|----------------------------|
| a. You couldn't afford to pay | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. The necessary medical care wasn't available or accessible to you | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. You could not take time off work to visit the doctor with <child> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. You wanted to wait and see if the problem got better | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. <Child> refused / fear of doctor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. <Child> is still on the waiting list..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. Other (please specify) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

C42. Is <child> currently on a waiting list for any type of medical assessment or treatment?

Yes 1 No 2

C43. Please specify _____

C44. Do you have any concerns about how <child> talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No..... 1 Yes, a little..... 2 Yes, a lot 3 Don't know..... 4

C45. [CARD C45] In which areas does <child> have difficulties? What speech problems does <child> have?

- | | Yes | No | | Yes | No |
|-------------------------------------------|----------------------------|----------------------------|--------------------------------------------------------------------|----------------------------|----------------------------|
| a. Reluctant to speak..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | g. Voice sounds unusual..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Speech not clear to the family | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | h. Stutters, stammers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Speech not clear to others | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | i. Lisp or difficulty pronouncing certain letter combinations..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Speech is developing slowly..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | j. Other (please specify)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Difficulty finding words | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | |
| f. Difficulty putting words together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | |

C46. Has this speech or language problem been diagnosed by a medical professional?

Yes 1 No..... 2

C47. Since when has <child> had this speech or language problem? _____ year

C48. Since when has <child> had this speech or language problem? _____ month

C49. Has <child> received any treatment for his/her speech or language problem? Yes 1 No 2

C50. Does this speech or language problem hamper <child> in his/her daily activities?

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

C51. Do you think <child> has a Specific Learning Difficulty, Communication or Co-ordination Disorder

Yes 1 No2

C52. [CARD C52] Looking at Card C52, what is the nature of the difficulty or disorder?

[INTERVIEWER. TICK ALL THAT APPLY]

Dyslexia (incl. Dysgraphia, dyscalculia).....1 Speech & Language Difficulty.....5
ADHD (Attention Deficit Hyperactivity Disorder).....2 Dyspraxia.....6
Autism.....3 Slow progress (reasons unclear).....7
Aspergers Syndrome.....4 Other (specify).....8

C53. Was it diagnosed by a professional?

Yes1 No2 Awaiting consultation3

C54. Since when has <child> had this difficulty? _____ year

C55. Since when has <child> had this difficulty? _____ month

C56. Does this difficulty hamper <child> in his/her daily activities?

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

[INTERVIEWER: EXCEPT WHERE SPECIFIED, THE QUESTIONS ON ORAL HEALTH REFER TO TREATMENT FOR DENTAL HEALTH PROBLEMS/MEDICAL REASONS RATHER THAN PURELY COSMETIC TREATMENTS]

C57. How would you rate <child's> oral health?

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

C58. Which of the following best describes how regularly <child> visits the dentist?

At least once a year1 Only when there is a problem4
Once every two years2 Never/Almost never5 Go to C60
Once every three years3

C59. When was the last time <child> saw a dentist?

Year _____ Month _____

a. Was it a HSE or private dentist?

HSE 1 Private..... 2

b. Did <child> have any treatment?

Yes 1 No 2

C60 Has <child> ever had:

a. Any permanent / secondary teeth filled?

Yes ... 1 No 2

i. How many? _____

b. Has <child> ever had dental pain/infection

Yes 1 No 2

i. How many episodes? _____

c. Has <child> had a course or courses of antibiotics to treat pain or infection arising from dental problems

Yes 1 No 2

i. How many course of antibiotics? _____

b. Any permanent / secondary teeth extracted?

Yes 1 No 2

i. How many? _____

j. Were the extractions part of orthodontic treatment? Yes 1 No 2

C61. [CARD C61] How often does <child> brush <pronoun> teeth?

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

C62. How do you feel about the position / alignment of <child's> teeth?

- | | | | | |
|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| Very satisfied | Satisfied | No opinion/indifferent | Dissatisfied | Very Dissatisfied |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

C63. [CARD C63] Was there any time in the last 12 months when, in your opinion, <child> needed a dental examination or treatment but he /she did not receive it because:

- | | Yes | No |
|-----------------------------------------------------------------------|----------------------------|----------------------------|
| a) You couldn't afford to pay | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b) The necessary dental care wasn't available or accessible to you .. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c) Our dental insurance didn't cover the treatment..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d) You could not take time off work to visit the dentist..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e) You wanted to wait and see if the problem got better | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f) Study child refused / fear of dentist | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g) Study child still on the waiting list | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h) Too far to travel / no means of transport..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| i) Other (specify) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

Section D - Child's diet and exercise

D1. [CARD D1] I would like you to tell me about your child's diet and the types of food <pronoun> does and doesn't eat. Looking at the card, please tell me how often, on average, your child eats these foods.

- | | Never | Less than once a month | At least once a month | At least once a week | Most days | Once a day | 2-3 per day | 4-5 per day | 6+ per day |
|-----------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Ready to eat breakfast 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 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |
| b) Other breakfast cereals
e.g. porridge | <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 |
| c) White bread and rolls | <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 |
| d) Wholemeal, brown bread and rolls | <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 |
| e) Other breads e.g. scones, croissants | <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 |
| f) Savoury breads, e.g. pizza | <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) Rice, pasta, noodles..... | <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 |
| h) Cakes, pastries, buns | <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 |
| i) Biscuits - any | <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 |
| j) Chocolate or confectionery | <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 |
| k) Other 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 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |
| l) Ice cream or ice lollies | <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 |
| m) Puddings & chilled desserts..... | <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 |
| n) Yoghurt (flavoured or plain but not 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 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |
| o) Fromage frais (e.g. Petit Filous) | <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 |
| p) Cheese or cheese spread..... | <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 |
| q) Milk (cow's) | <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 |
| r) Eggs (include in home cooking) | <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 |
| s) Fruit squash (tropical fruit, lemon barley, etc) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |
| t) Fruit juice (not squash) | <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 |
| u) Blackcurrant only drinks..... | <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 |
| v) Fizzy drinks (not mineral water, sugar-free or 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 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |

- w) Baked beans - canned ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- x) Peas, in any form ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- y) Leafy green vegetables
e.g. spinach, cabbage ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- z) Other green vegetables
e.g. green beans, broccoli ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- aa) Chips, fried potatoes
(e.g. waffles etc) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- ab) Other potatoes ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- ac) Carrots ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- ad) Other root vegetables apart from
carrots and potatoes e.g.
parsnips, turnips ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- ae) Mushrooms ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- af) Apples or pears (fresh) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- ag) Soft fruits (e.g. peaches,
nectarines, grapes) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- ah) Citrus fruits (e.g. orange,
tangerines, satsumas) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- ai) Bananas ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- aj) Cucumber ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- ak) Fresh tomatoes ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- al) Salad (e.g. lettuce) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- am) Butter ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- an) Low fat spread ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- ao) Other spreads ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- ap) Oils (e.g. vegetable, olive, sunflower) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- aq) Fish or shellfish including
fish fingers ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- ar) Sausage, frankfurters ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- as) Liver (but not liver products
e.g. pâté) ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- at) Beef, e.g. roast, steak, in stews ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- au) Beef, e.g. minced, burgers ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- av) Lamb, e.g. roast, steak,
in stews ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- aw) Pork, e.g. as a roast or chops
in stir fries etc ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- ax) Bacon, rashers, ham ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- ay) Chicken and poultry, e.g. as a
roast, in casseroles ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- az) Chicken and poultry, e.g. as
nuggets or breaded chicken ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉
- ba) Crisps or other packet snacks ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉

D2. Does <child> usually have something to eat before going to school? Yes..... ₁ No ₂

D3. [CARD D3] Which of these best describes <child's> weight?

[INTERVIEWER: ASK THE RESPONDENT TO USE CODES 1-4 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- Underweight _1
- Normal weight _2
- Somewhat overweight _3
- Very overweight _4

D4. [CARD D4] Looking at Card D4, how many times in the past 14 days has <child> done at least 20 minutes of exercise hard enough to make him / her breathe heavily and make his / her heart beat faster? (Hard exercise includes, for example, playing football, jogging, or fast cycling). Include time in physical education class.

- none _1
- 1 to 2 days _2
- 3 to 5 days _3
- 6 to 8 days _4
- 9 or more days _5

D5. [CARD D5] Looking at Card D5, how many times in the past 14 days has <child> done at least 20 minutes of light exercise that was not hard enough to make him / her breathe heavily and make his / her heart beat fast? (Light exercise includes, walking or slow cycling) Include time in physical education class.

- none _1
- 1 to 2 days _2
- 3 to 5 days _3
- 6 to 8 days _4
- 9 or more days _5

D6. [CARD D6] How far away is the school from <child>'s home (one-way distance)?

- Less than 1/2 mile (1km) _1
- 1/2 to 1 mile (1-2km) _2
- 1-5 miles (2-8km) _3
- More than 5 miles away (8km) _4
- Attends boarding school _5

D7. How does <child> usually (a) go to school and (b) come home from school?

[INTERVIEWER: TICK ONE BOX IN COL A AND B]

- | | A. Going | B. Coming home |
|---------------------------------|-----------------------------|-----------------------------|
| a) He/she walks | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |
| b) By public transport | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |
| c) School bus/coach | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |
| d) By car | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |
| e) Rides a bicycle | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |
| f) Other (please describe)..... | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |

D8. How long does it usually take <child> (a) to go to school (b) to come home from school?

[INTERVIEWER: TICK ONE BOX ON COL A AND COL B]

- | | A. Going | B. Coming home |
|---------------------------|-----------------------------|-----------------------------|
| a) Less than 5 mins | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 |
| b) 5-less 10 mins | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 |
| c) 10-less 20 mins | <input type="checkbox"/> _3 | <input type="checkbox"/> _3 |
| d) 20-less 30 mins | <input type="checkbox"/> _4 | <input type="checkbox"/> _4 |
| e) 30 mins or more | <input type="checkbox"/> _5 | <input type="checkbox"/> _5 |

Section E - Parental Health

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

E1. [CARD E1] In general, how would you say your current health is?

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

E2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

E3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

[INTERVIEWER: PLEASE RECORD DIAGNOSIS – NOT SYMPTOMS OF THE PROBLEM.]

E4. Since when have you had this problem, illness or disability? _____(year) ____ (month)

E5. Are you hampered in your daily activities by this problem, illness or disability?

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

E6. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

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

E6a. Is <child> covered by a medical card (e.g. a discretionary card) even if the family isn't covered?

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

E7. Is <child> covered by private medical insurance?

Yes ₁ No ₂

E8. Does that insurance include the cost of GP visits?

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

E9. Do you look after anyone who needs special help or care, for example, someone who is elderly or has a long term illness or who has special needs – either here in your home or elsewhere? Do not include people whom you are employed to look after, but do include those for whom you are in receipt of a carer's allowance.

Yes ₁ No ₂

E10. How many people do you provide special help or care to? _____(number of people)

E11. [CARD E11] How are you related/connected to this person/these people? (tick all that apply)

Your own parent(s) ₁
Your partner/spouse's parent(s) ₂
Your spouse/partner ₃
The study child ₄
Another child ₅
Another adult ₆

E12. Is that person/are those people living here in the family home or elsewhere? (tick all that apply)

Here, in the family home ₁ Lives elsewhere..... ₂

E13. About how many hours a week would you say that you spend providing care to that person/those people? _____hrs per wk

E14. [CARD E14] Would you say that providing this care puts pressure on your family life?

A lot of pressure ₁ A little pressure ₂ No pressure ₃

E15. Thinking about your free-time, in general would you say you are: [INTERVIEWER:READ OUT]

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

E16. [CARD E16] Do you think that you are:

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

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

E17. [CARD E17] In your day-to-day life how often have any of the following things happened to you?

Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
--------------------	----------------------------	---------------------------	--------------------------	--------------------------------	-------

- | | | | | | | | | | | | |
|--------------------------------------------------------------------------------|----------------------------|-------|----------------------------|-------|----------------------------|-------|----------------------------|-------|----------------------------|-------|----------------------------|
| a) You are treated with less courtesy or respect than other people. | <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) You receive poorer service than other people at restaurants or stores. | <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) People act as if they think you are not smart. | <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) People act as if they are afraid of you. | <input type="checkbox"/> 1 | | <input type="checkbox"/> 2 | | <input type="checkbox"/> 3 | | <input type="checkbox"/> 4 | | <input type="checkbox"/> 5 | | <input type="checkbox"/> 6 |
| e) You are threatened or harassed. | <input type="checkbox"/> 1 | | <input type="checkbox"/> 2 | | <input type="checkbox"/> 3 | | <input type="checkbox"/> 4 | | <input type="checkbox"/> 5 | | <input type="checkbox"/> 6 |

Follow-up Questions- asked only of those answering "A few times a year" or more frequently to at least one question.

E18. [CARD E18] What do you think is the main reason for these experiences? [INTERVIEWER TICK MORE THAN 1 IF VOLUNTEERED]

- Your gender 1
- Your race/skin colour/ethnic group/nationality 2
- Your age 3
- Your religion 4
- Your sexual orientation 5
- Your education or income Level 6
- Your marital status 7
- Your family status (e.g. pregnant or with children) 8
- A disability 9
- Membership of the travelling community 10
- Other (please specify) 11

Time Section Ended **(24 hour clock)**

Section F - Child's play and activities

F1. [CARD F1] How often would you do any of the following with <child>?

	Never	Hardly ever	Occasionally	One or two times a week	Everyday	N/A
a) Play with <child> using toys or games / puzzles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
b) Play computer games with <child>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
c) Visit the library	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
d) Listen to <child> read	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e) Read to <child>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
f) Use computer with <child> in educational ways	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
g) Sport or physical activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
h) Go on educational visits outside home such as museums, farms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
i) Go shopping	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	

F2. [CARD F2] In the past month, has <child> done any of these things with you or another family member?

	Yes	No
a) Gone to a movie.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Gone to a sporting event in which the child was not a player.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) Gone to a concert, play, museum, art gallery, community or school event...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) Attended a religious service, church, temple, synagogue or mosque	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) Visited a library	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f) Swimming.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g) Going for a walk or cycle.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h) Going for a picnic or camping	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

F3. [CARD F3/F4] Looking at Card F3/F4, on a normal weekday during term time, about how many hours does <child> spend reading for pleasure [NOT during school hours]? Include time when the child reads to themselves or is read to by someone else. Do not include time spent listening to books on audio tapes, records, cds or a computer.

F4. And on a normal weekend day, about how many hours does <child> spend reading for pleasure?

F3. During the week (per day)	F4. Weekend (per day)
None..... <input type="checkbox"/> ₁	None..... <input type="checkbox"/> ₁
Less than 30mins <input type="checkbox"/> ₂	Less than 30mins <input type="checkbox"/> ₂
30 mins up to 1 hour..... <input type="checkbox"/> ₃	30 mins up to 1 hour..... <input type="checkbox"/> ₃
1 hour up to 2 hours..... <input type="checkbox"/> ₄	1 hour up to 2 hours..... <input type="checkbox"/> ₄
2 hours up to 3 hours..... <input type="checkbox"/> ₅	2 hours up to 3 hours..... <input type="checkbox"/> ₅
3 hours up to 4 hours..... <input type="checkbox"/> ₆	3 hours up to 4 hours..... <input type="checkbox"/> ₆
4 hours or more..... <input type="checkbox"/> ₇	4 hours or more..... <input type="checkbox"/> ₇

F5. Do you do anything to develop or maintain <child's> cultural or national identity – such as have <pronoun> attend special classes or school, language classes, cultural events etc.? Yes₁ No ₂

F6. What sort of things do you do? Please specify as fully as possible.

F7. On an average week how much money would you say you give <child> to spend him/herself?

€ _____

Section G – Screen time and internet use

G1. Now I would like to ask you about your child’s use of electronic devices such as computers, tablets, smartphones, televisions and games consoles. For each device can you tell me first whether the child has access to this type of device in the home (or car etc.), whether it is connected to the internet while the child is using it (where applicable) and how much time they spend on it in a typical day. I will ask you separately about time on a weekday (i.e. when the child goes to school) and on a weekend day (i.e. Saturday, Sunday or during school holidays). Do not include time spent on devices during classes at school. [INTERVIEWER: IF CHILD HAS A TABLET OR OTHER DEVICE PROVIDED BY THE SCHOOL THAT HE/SHE CAN USE AT HOME, THEN THIS DEVICE SHOULD BE INCLUDED IN THE TOTAL SCREEN-TIME AT HOME.]

Device	Access to at home?		G2. Connected to internet?			[CARD G3/G4] How many hours per day during week and at weekend	
	Yes	No	Yes	No	N/a	G3. During the week (per day)	G4. Weekend (per day)
						None Less than 30mins 30 mins up to 1 hour 1 hour up to 2 hours 2 hours up to 3 hours 3 hours up to 4 hours 4 hours or more	None Less than 30mins 30 mins up to 1 hour 1 hour up to 2 hours 2 hours up to 3 hours 3 hours up to 4 hours 4 hours or more
a) Television							
b) A desktop computer							
c) A laptop computer							
d) A tablet (e.g. iPad, Samsung, Asus, Vivo, Motorola Xoom, Kindle Fire, Nexus etc.)							
e) A mobile phone that doesn't have access to the internet							
f) A smartphone							
g) E-book reader such as a kindle, Sony Reader etc.							
h) Other handheld devices (e.g. iPod touch or Nintendo DS and other games devices)							
i) Home games consoles (e.g. X-box, Wii or PlayStation)							

G5. [CARD G5] What does <child> MOSTLY do on that ‘screen time’ when using any of the devices mentioned? Is s/he usually:

- Playing educational games..... 1
- Playing other games..... 2
- Watching movies, videos, other TV..... 3
- Doing a mixture of all types of activities..... 4
- Something else (specify)..... 5
- Doesn't have any screen time..... 6

G6. [CARD G6] When <child> is watching television or films, where does the programme content come from (tick all that apply)?

- Regular scheduled programming..... 1
- Scheduled programming that has been recorded..... 2
- On-demand service such as Netflix..... 3
- Youtube or similar website..... 4
- DVDs..... 5
- Something else (specify)..... 6

G7. [CARD G7] What sort of internet access does your home have? (tick all that apply)

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

G8. Is <child> supervised by you or another adult when he/she accesses the internet?

- Always 1 Sometimes 2 Never 3

G9. Do you have any monitoring or control software on the internet to limit the sites <child> can access – e.g. Netnanny?

- Yes 1 No 1

G10. [CARD G10] 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

G11. Does <child> have an online profile on a social media app or via a computer game they play online?

- Social media profile 1 Computer game profile 2 Neither 3 Not sure 4

H. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on <child>'s emotional well-being.

H1. [CARD H1] Looking at Card H1, has <child> ever experienced any of the following since we interviewed you when <child> was aged 5 years?:

[INTERVIEWER – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- Death of a parent 1
- Death of close family member (please specify) 2 _____
- Death of close friend 3
- Divorce/separation of parents 4
- Moving house 5
- Moving country 6
- Stay in foster home/ residential care 7
- Serious illness/injury 8
- Serious illness/injury of a family member 9
- Drug taking/alcoholism in the immediate family 10
- Mental disorder in immediate family 11
- Conflict between parents 12
- Parent in prison 13
- Other disturbing event (please specify) 14 _____
- None of the above 15

H2. [CARD H2] Listed below is a set of statements which could be used to describe <child>'s behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of <child>'s behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

	Not True	Somewhat True	Certainly True
a. Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Often has temper tantrums or hot tempers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Generally obedient, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Has at least one good friend.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Often fights with other children or bullies them.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Often unhappy, down-hearted or tearful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
p. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
q. Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
r. Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
s. Picked on or bullied by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
t. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
u. Thinks things out before acting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
v. Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
w. Gets on better with adults than with other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
x. Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
y. Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

H3. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes, minor difficulties	Yes, definite difficulties	Yes, severe difficulties
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

H4. How long have these difficulties been present?

Less than a month1 1 -5 months2 6-12 months3 Over a year4

H5. Do the difficulties upset or distress your child?

Not at all1 Only a little2 Quite a lot3 A great deal4

H6. [CARD H6] Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
a. Home life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Friendships.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Classroom learning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Leisure activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

H7. Do the difficulties put a burden on you or the family as a whole?

Not at all1 Only a little2 Quite a lot3 A great deal4

Time Section Ended

--	--	--	--

24 hour clock

Section I – Parenting and Family Context

I1. [Card I1] Please tell me how strongly you agree or disagree with the following statements [INTERVIEWER: NOTE THERE IS A N/A OPTION AVAILABLE WHERE QUESTIONS ARE NOT APPLICABLE BECAUSE THE RESPONDENT IS NOT WORKING OUTSIDE THE HOME]

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
a. my job is secure	<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. I might lose my job in the next 6 months.....	<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:

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

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

Because of your family responsibilities:

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

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

I2. [CARD I2] Looking at Card I2, 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. Talk about things together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. 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

I3. Does <child> have any brothers or sisters?

Yes..... 1 No..... 2

I4. [CARD I4] In general, how well does <child> get on with his/her siblings?

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

I5. Are you in regular contact with <child's> grandparents?

Yes..... 1 No..... 2 All grandparents are deceased 3 All grandparents live abroad 4

I6. How many of <child's> grandparents are still alive? _____ N

I7. How often would <child> see any of <pronoun> grandparents?

	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
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

I8. With how many of his/her grandparents would you say <child> has a close or very close relationship? _____ N

I9. [CARD I9] Looking at Card I9, how often does <child> get together with, see or spend time with the following people (excluding those living in your home)

	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	Deceased /Don't have	None living in Ireland
a. Uncles/Aunts	<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. Cousins.....	<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

I10. [Card I10] Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?

I get enough help 1 I don't get enough help 2 I don't get any help at all 3 I don't need any help 4

I11. Does <child> belong to any religious denomination Yes..... 1 No..... 2

I12. [CARD I12 / I17] Looking at Card I12 / I17, if yes, which one

Christian – no denomination 1
 Roman Catholic 2
 Anglican/Church of Ireland/Episcopalian 3
 Other Protestant..... 4
 Jewish 5
 Muslim..... 6
 Other (specify)..... 7

I13. How regularly does <child> attend religious service?

Daily 1 Weekly 2 Monthly 3 Less Often 4 Special Occasions 5 Never 6 Refused 7 N/a to their religion 8

I14. In general, would you describe yourself as a religious person?

Not at all..... 1 A little..... 2 Quite..... 3 Very much so..... 4 Extremely..... 5

I15. In general, would you describe yourself as a spiritual person?

Not at all..... 1 A little..... 2 Quite..... 3 Very much so..... 4 Extremely..... 5

I16. Do you belong to any religious denomination Yes..... 1 No..... 2

I17. [CARD I12/ I17] Looking at Card I12 / I17, if yes, which one

Christian – no denomination 1
 Roman Catholic 2
 Anglican/Church of Ireland/Episcopalian 3
 Other Protestant..... 4
 Jewish 5
 Muslim..... 6
 Other (specify) 7

I18. [CARD I18] I would now like to ask some questions about <child>'s behaviour over the last 12 months please tell me whether the following 7 statements are true or false for him/her.

	True	False
A. Often started fights or bullied, threatened or intimidated others	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. Has been physically cruel to other people or animals	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. Deliberately destroyed or damaged property.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. Often lied to obtain goods or favours (i.e., 'cons' others).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
E. Has stolen items of value without confronting a victim (e.g., shoplifting, but without breaking and entering)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F. Has run away from home overnight at least twice while living in parental home (or once for a lengthy period)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
G. Often truanted from school	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Time Section Ended (24 hour clock)

Section J – Child’s Education

J0a. Is <child> currently attending primary school?

Yes. ₁ No..... ₂ <child>. Is homeschooled..... ₃ Other ₄

Now I’d like to ask you some questions on school details

J0b. What school is <child> currently attending? Please give the full name and address as exactly as possible

Name of school: _____
 Address 1: _____
 Address 2: _____
 Address 3: _____
 Address 4: _____
 County: _____

J0c. What class (or year) is <child> currently in? [INTERVIEWER: IF INTERVIEW IS IN JULY/AUGUST PLEASE ENTER THE CLASS <CHILD> HAS JUST COMPLETED]

First class ₁ Fourth class ₄
 Second class ₂ Other (please specify) ₅
 Third class ₃ _____

J1. [CARD J1] Looking at Card J1, what is the MAIN type of out-of-school care, if any, that you CURRENTLY use during term time for <child>. In other words, who is he/she with on a regular basis, outside of holiday periods and weekends [INTERVIEWER: TICK 1 BOX ONLY]

- | | |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Child minded at home by me or resident partner..... <input type="checkbox"/> ₁ | Paid childminder in his/her own home <input type="checkbox"/> ₉ |
| Looking after him/herself or cared for by a sibling <input type="checkbox"/> ₂ | Au Pair / Nanny <input type="checkbox"/> ₁₀ |
| Child minded by non-resident partner..... <input type="checkbox"/> ₃ | Early morning care before school <input type="checkbox"/> ₁₁ |
| Unpaid relative (or family friend) in your own home <input type="checkbox"/> ₄ | Paid after-school care in group setting <input type="checkbox"/> ₁₂ |
| Unpaid relative (or family friend) in his/her own home <input type="checkbox"/> ₅ | Homework club <input type="checkbox"/> ₁₃ |
| Paid relative (or family friend) in your own home..... <input type="checkbox"/> ₆ | After-school activity-based facility <input type="checkbox"/> ₁₄ |
| Paid relative (or family friend) in his/her own home..... <input type="checkbox"/> ₇ | Special needs facility <input type="checkbox"/> ₁₅ |
| Paid childminder in your own home <input type="checkbox"/> ₈ | Activity Camps (sport recreation arts/crafts etc) .. <input type="checkbox"/> ₁₆ |
| | Other (specify) _____ <input type="checkbox"/> ₁₇ |

J2. Approximately how many hours per week does <child> spend in this main form of childcare

_____ hours per week₁

J3. Approximately how many days per week does <child> spend in this main form of childcare

_____ days per week₁

J4. [INTERVIEWER. ASK IF NOT CODES 1-5 AT J1]: Approximately how much does this childcare for <child> typically cost you per week/fortnight/month etc.? [INTERVIEWER. RECORD ONLY IN RESPECT OF <STUDY CHILD> AND MAKE SURE TO RECORD THE PERIOD TO WHICH AMOUNT REFERS].

€ _____ per Week..... ₁ Fortnight..... ₂ Month ₄

J5. Who usually minds <child> if he/she is too sick to attend school?

[INTERVIEWER: READ OUT ANSWER CATEGORIES]

Mother ₁ Father ₂ Parents take turns ₃ Grandparents ₄
 Other relative ₅ Friend/ Neighbour ₆ Childminder ₇ Other (please specify) ₈

J6. [CARD J6] Looking at Card J6, during an average week does <child> participate in any clubs or organisations outside of school hours. If yes, does this take place in the child's school or somewhere else? Does this activity have to be paid for?

Activity	Participate in activity?		Where?		Pay for the activity?	
	Yes	No	School	Elsewhere	YES	NO
a) Team sports (e.g. football)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b) Individual sports (e.g. judo, running)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c) Drama	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d) Arts/crafts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e) Computer/technology (eg. Coderdojo)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f) Youth clubs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g) Clubs/groups or classes associated with religious organisations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h) Music/Dance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i) Scouts/ Guides/ Boy's Brigade / Girl's Brigade	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j) Homework club	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k) Other (specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

J7. Thinking of the last academic year, did you or your spouse/partner attend a formal meeting with <child>'s teacher?

Yes.....1 No.....2

J8. [CARD J8] Looking at Card J8, during the last school year, about how many days was Study Child absent from school for any reason?

0 days	<input type="checkbox"/> 1	11 to 20 days.....	<input type="checkbox"/> 5
1 to 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		Go to J10

J9. [CARD J9] Looking at Card J9, what was the main reason for Study Child being absent from school?

Health reasons (illness or injuries)	<input type="checkbox"/> 1	A problem with the teacher	<input type="checkbox"/> 6
Problems with transportation	<input type="checkbox"/> 2	A problem with children at school	<input type="checkbox"/> 7
Problems with the weather.....	<input type="checkbox"/> 3	Difficulties with childcare arrangements.....	<input type="checkbox"/> 8
A family vacation.....	<input type="checkbox"/> 4	Other (specify) _____	<input type="checkbox"/> 9
A fear of school (school phobia)	<input type="checkbox"/> 5		

J10. [CARD J10] Looking at Card J10, how often is <child> given homework?

Never.....	<input type="checkbox"/> 1	→ Go to J13	Once a week.....	<input type="checkbox"/> 5
Less than once a month.....	<input type="checkbox"/> 2		A few times a week	<input type="checkbox"/> 6
Once a month.....	<input type="checkbox"/> 3		Daily.....	<input type="checkbox"/> 7
A few times a month	<input type="checkbox"/> 4		Don't Know	<input type="checkbox"/> 8
				Go to J13

J11. [CARD J11] Looking at Card J11, on days when <child> is given homework, how much time does he or she usually spend doing homework?

0 to 15 minutes	<input type="checkbox"/> 1	1.5 to less than 2 hours.....	<input type="checkbox"/> 5
16 to 30 minutes	<input type="checkbox"/> 2	2 to less than 3 hours	<input type="checkbox"/> 6
31 minutes to less than one hour.....	<input type="checkbox"/> 3	3 to less than 4 hours	<input type="checkbox"/> 7
1 to less than 1.5 hours.....	<input type="checkbox"/> 4	4 hours or more.....	<input type="checkbox"/> 8

J12. How often do you or your spouse/partner provide help with <child>'s homework?

Always/ Nearly Always	Regularly	Now and Again	Rarely	Never	Child rarely 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

J13. [CARD J13/14] Looking at Card J13/J14, based on your knowledge of <child>'s schoolwork, including his/her report cards, how well in general, do you think he/she is doing in mathematics relative to other children of his/her age? Do you think he/she is:

Poor.....	<input type="checkbox"/> 1	Above average	<input type="checkbox"/> 4
Below average	<input type="checkbox"/> 2	Excellent.....	<input type="checkbox"/> 5
Average.....	<input type="checkbox"/> 3		

J14. [Card J13/14] Looking at Card J13/J14, based on your knowledge of <child>'s schoolwork, including his/her report cards, how well, in general, do you think he/she is doing in reading relative to other children of his/her age? Do you think he/she is:

Poor.....1 Above average.....4
 Below average.....2 Excellent.....5
 Average.....3

J15. About how many children's books does <child> have access to in your home now, including any library books? Would you estimate:

None.....1 21 to 30.....4
 Less than 10.....2 More than 30.....5
 10 to 20.....3

J16. Do you use the Public Library for <child>? Yes.....1 No.....2

J17a. Does <child>'s school request a voluntary contributions from parents? Yes1 No2 Go to J18

J17b. Have you paid it in the last year? Yes1 No2 Go to J18

J17c. If yes, how much is each family asked to give? €

[INTERVIEWER IF THE

CONTRIBUTION COVERS MORE THAN ONE CHILD, DIVIDE THE TOTAL AMOUNT BY THE NUMBER OF CHILDREN TO GET AN ESTIMATED PER-CHILD AMOUNT]

J18. [CARD J18] Looking at Card J18, taking everything into account, how far do you expect <child> will go in his/her education or training?

Junior Certificate or equivalent.....1
 Leaving Certificate or equivalent.....2
 An apprenticeship or trade.....3
 Diploma/Certificate.....4
 Degree.....5
 Postgraduate/higher degree.....6
 Don't know.....7

J19. Have you put <child's> name down for a secondary school yet? Yes.....1 No.....2

J20. How many schools? _____

Time Section Ended (24 hour clock)

Section K – Peer relationships and bullying

K1. About how many days a week does <child> do things with friends outside of school hours?

Never... 1 1 day a week....2 2-3 days a week..3 4-5 days a week..4 6-7 days a week..5

K2. About how many close friends does <child> have?

None..... 1 1.....2 2 or 3.....3 4 or 5..... 4 6 or more.....5

K3. To your knowledge, has <child> been a victim of bullying in the last year?

Yes.....1 No.....2

K4. [Card K4] Looking at Card K4, what form did the bullying take? [INTERVIEWER TICK ALL THAT APPLY]

Physical bullying.....1 Written messages/notes etc.....4
 Verbal bullying.....2 Exclusion.....5
 Electronic [phone messaging, emails, facebook etc].....3 Other (specify).....6

K5. [CARD K5] Looking at Card K5, what was the reason for the bullying?

[INTERVIEWER: TICK MORE THAN ONE IF APPLICABLE]

Ethnicity.....1 Not conforming to gender role.....6
 Physical/Learning disability.....2 Sexuality.....7
 Religion.....3 Teacher's pet.....8
 Class performance.....4 Family background.....9
 Physical appearance (clothes, glasses, weight etc)..5 Other (specify).....10

L: SOCIO-DEMOGRAPHICS

Time Section Started (24 hour clock)

Now some questions about the circumstances of your household.

L1. I would now like to ask you some questions about your accommodation: Is this accommodation a:

[INTERVIEWER: READ OUT ANSWER CATEGORIES]

- House..... 1
- Apartment / flat/ bedsit 2
- Duplex..... 3
- Other (specify)..... 4

L2. Does your accommodation have access to a garden or common space (either private or shared) where you can let <child> out to play?

- Yes 1 No 2

L4. [Card L4] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?

[INTERVIEWER: NOTE THAT WHERE THE PCG LIVES WITH <CHILD>'S GRANDPARENT(S) IN THEIR HOUSE, OCCUPANCY SHOULD BE RECORDED AS 'LIVING WITH PARENTS' RATHER THAN OWNER OCCUPIER, I.E. THE PCG'S NATURE OF OCCUPANCY RATHER THAN THE GRANDPARENTS]

- Owner occupied (with a mortgage) 1
- Owner occupied (without a mortgage) 2
- Being purchased from a Local Authority under a Tenant Purchase Scheme 3
- Rented from a Local Authority 4
- Rented from a Voluntary Body 5
- Rented from a Private Landlord..... 6
- Living with and paying rent to your (or your partner's) parent(s)..... 7
- Occupied free of rent with your (or your partner's) parent(s) 8
- Occupied free of rent from your (or your partner's) job 9
- Emergency accommodation 10

L5. How many bedrooms do you have in your home? _____ number of bedrooms

L6. Does <child> have his/her own bedroom? Yes 1 No..... 2

L7. How many others does <child> share a bedroom with? _____

L8. Do you feel that your current accommodation (excluding location) is suitable for your family's needs?

- Yes 1 No 2

L9. [CARD L9] Why is that?

- | | Yes | No |
|----------------------------------------------------------------|----------------------------|----------------------------|
| a. Too small..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Not a child-friendly layout..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Too many steps..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Poor conditions in the home (damp, drafts, leaks etc) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Problems with rats, mice, cockroaches etc..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Too noisy..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. Problems with neighbours..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h. Other (specify) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

L10. [Card L10] Which of these descriptions BEST describes your usual situation in regard to work?

[INTERVIEWER: IF RESPONDENT IS ON MATERNITY LEAVE AND SHE HAS A JOB WHICH SHE INTENDS TO RETURN TO, SHE SHOULD BE CODED AS 0]

- | | | | |
|--------------------------------------------------------------------|----------------------------|------------------------------------------------------------|-----------------------------|
| 0. Currently on maternity leave, but have a job to return to | <input type="checkbox"/> 0 | 5. Student full-time..... | <input type="checkbox"/> 5 |
| 1. Employee (incl. Apprenticeship) | <input type="checkbox"/> 1 | 6. On State training scheme (FAS, Faighte Ireland etc) ... | <input type="checkbox"/> 6 |
| 2. Work Scheme –eg Community Employment Job-bridge; Gateway | <input type="checkbox"/> 2 | 7. Unemployed, actively looking for a job..... | <input type="checkbox"/> 7 |
| 3. Self-employed outside farming | <input type="checkbox"/> 3 | 8. Long-term sickness or disability | <input type="checkbox"/> 8 |
| 4. Farmer..... | <input type="checkbox"/> 4 | 9. Home duties / looking after home or family | <input type="checkbox"/> 9 |
| | | 10. Retired..... | <input type="checkbox"/> 10 |
| | | 11. Other (please specify) _____ | <input type="checkbox"/> 11 |

L11. How many hours do you normally work per week, including any regular overtime work?
 If you work at more than one job, please include the hours in all jobs. _____ hours

L12. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?

_____ minutes [INTERVIEWER. IF RESPONDENT WORKS AT HOME ENTER '0' FOR MINUTES]

L13. [CARD L13] How often does your work involve...READ OUT...

Never Less than once a month Once a month Several times a month Once a week Several times a week Every day Don't know

a ...working evenings or nights – after usual office hours

₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈

b ...having to work overtime at short notice?

₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈

L14. [CARD L14] How often does your work involve working at weekends?

Never Less than once a month Once a month Several times a month Every week (Don't know)

₁ ₂ ₃ ₄ ₅ ₆

L14x. When did you start your current job? _____ year _____ month

L15. [CARD L15] What is your occupation in your main job?

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

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

Do not use general terms such as:
 MANAGER
 TEACHER
 ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
 Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your main OCCUPATION

[INTERVIEWER: ASK L16 IF CODE 0 OR 1 AT L10]

L16. [CARD L16] Does your employer (a) provide any of the following types of family friendly facilities and (b) if they are provided, have you used them in the last 12 months?

	Provide?		Used last 12 months	
	Yes	No	Yes	No
a. Financial support for childcare costs (e.g. subsidy, voucher).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. A crèche or nursery at work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Assistance with finding childcare	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Flexible working hours (i.e. changing times you start and finish)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Allow parents paid time off when a child is sick (in addition to normal holiday allowance)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Allow parents unpaid time off when a child is sick.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Allow parents unpaid time off during school holidays.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Allow employees to work from home some or all of the time, during normal working hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Allow employees to jobshare or reduce hours/work part time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. Other family friendly facilities (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

L17. In general, how would you rate your employer in terms of allowing 'family friendly' working?

- Very good..... 1
- Fairly good 2
- Neither good nor poor 3
- Fairly poor 4
- Very poor..... 5

[INTERVIEWER: ASK L18 IF CODE 0 OR 1 AT L10]

L18. Do you supervise or manage any personnel in your job?

Yes 1 No 2

L19. How many? _____

[INTERVIEWER: ASK L20 IF CODE 3 OR 4 AT L10]

L20. How many employees (if any) do you have? _____ employees N A 99

[INTERVIEWER: ASK L21 IF CODE 4 AT L10]

L21. How many acres do you farm? _____ acres _____ hectares **Go to L34**

L22. Apart from holiday or casual work, have you ever had a full-time job? Yes ... 1 No .. 2 **Go to L30**

L23. In what year did you last work in that full-time job? _____ year

L24. 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

L25. Did you supervise or manage any personnel in your job?

Yes 1 No 2

L26. How many? _____

L27. How many employees (if any) did you have? _____ employees N A 99

L28. How many acres did you farm? _____ acres _____ hectares

L29. [CARD L29/32] What (was) your occupation in your main job?

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

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

Do not use general terms such as:
 MANAGER
 TEACHER
 ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
 Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your main OCCUPATION

L30. Do you currently have a part-time job outside the home? Yes 1 No 2 **Go to L33**

L31. On average, how many hours per week do you work in that part-time job? _____ hours

L32. [CARD L29/32] What is your occupation in that part-time job?

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

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

Do not use general terms such as:
 MANAGER
 TEACHER
 ENGINEER

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

Write in your OCCUPATION

L32x. If a farmer or a farm worker, write in the SIZE of the farm _____ acres

Go to L34

L33. [CARD L33] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

- | | |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 1. I can't find a job..... _____ | 6. I cannot find suitable childcare..... _____ |
| 2. I chose not to work..... _____ | 7. There are no suitable jobs available for me ... _____ |
| 3. I am caring for an elderly or ill relative or friend... _____ | 8. My family would lose Social Welfare or
medical benefits if I was earning _____ |
| 4. I prefer be at home to look after my children myself | 9. Other reason (please specify) _____ |
| 5. I cannot earn enough to pay for childcare _____ | |

L34. How would you best describe your spouse/partner in terms of their work status?

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| An employee | Self-employed | Not employed | Other |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

L35a. Does he/she supervise any staff?

- Yes 1 No 2

L35b. How many? _____

L36. How many employees does he/she have? _____
[INTERVIEWER.: ENTER '0' IF NONE, DO NOT LEAVE BLANK]

L37. [CARD L37] What is your spouse/partner's occupation?

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

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

Do not use general terms such as:
 MANAGER
 TEACHER
 ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
 Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in main OCCUPATION (If a farmer or a farm worker, please specify how many acres)

L38. I'd like you to think back over the last 4 years – the last 48 months. In approximately how many of those months would you say you were mainly engaged in paid work outside the home (ignore holidays and so on)

Paid work outside the home _____ months

L39. Of the <notatwork> months you weren't at work outside the home over the last 4 years, for about how many months would you say you were you were mostly:

- (a) looking after the family _____ months
 - (b) unemployed and actively looking for paid work outside the home _____ months
 - (c) other (e.g. student, ill/disabled)..... _____ months
- <hard check – 48 months>

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.

L40. [CARD L40] Looking at the card, which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner's income. [INTERVIEWER. TICK 'YES' OR 'NO' FOR EACH IN COL. A]

L41. And of these sources of income which is the largest source of income at present? [INTERVIEWER TICK ONE BOX ONLY IN COL. B]

	<u>A</u>		<u>B</u>
	<u>Receive?</u>		
	Yes	No	
a. Wages or Salaries.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Income from Self-Employment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Income from Farming.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Children's Allowance/ Child Benefit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Other Social Welfare Payments.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Student Maintenance Grants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

L42. If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax and PRSI as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all household members. [INTERVIEWER: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO L43. IF EXACT FIGURE GIVEN GO TO L45]

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

L43. [Card L43] I know that it is difficult to give an exact figure for household income but on Card L43 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI, the income levy and public sector pension levy [if applicable]. Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after these deductions have been applied.

[INTERVIEWER: TICK THE LETTER OF THE GROUP YOUR HOUSEHOLD FALLS INTO]

<u>HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI</u>			
<u>Per Week</u>	<u>Per Month</u>	<u>Per Year</u>	<u>Category</u>
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> ₁ → Section A, Card J28
€231 to under €350.....	€1,001 to under €1,500.....	€12,001 to under €18,000 ...	B <input type="checkbox"/> ₂ → Section B, Card J28
€351 to under €460.....	€1,501 to under €2,000.....	€18,001 to under €24,000 ...	C <input type="checkbox"/> ₃ → Section C, Card J28
€461 to under €575.....	€2,001 to under €2,500.....	€24,001 to under €30,000 ...	D <input type="checkbox"/> ₄ → Section D, Card J28
€576 to under €800.....	€2,501 to under €3,500.....	€30,001 to under €42,000 ...	E <input type="checkbox"/> ₅ → Section E, Card J28
€801 to under €925.....	€3,501 to under €4,000.....	€42,001 to under €48,000 ...	F <input type="checkbox"/> ₆ → Section F, Card J28
€926 to under €1,150.....	€4,001 to under €5,000.....	€48,001 to under €60,000 ...	G <input type="checkbox"/> ₇ → Section G, Card J28
€1,151 to under €1,500.....	€5,001 to under €6,500.....	€60,001 to under €78,000 ...	H <input type="checkbox"/> ₈ → Section H, Card J28
€1,501 to under €1,850.....	€6,501 to under €8,000.....	€78,001 to under €96,000 ...	I <input type="checkbox"/> ₉ → Section I, Card J28
€1,851 or more.....	€8,001 or more	€96,001 or more	J <input type="checkbox"/> ₁₀ → Section J, Card J28
Refused.....	<input type="checkbox"/> ₇₇ GO TO J31.....	Don't Know	<input type="checkbox"/> ₈₈ GO TO J30

L44. [CARD L44] Would that be [INTERVIEWER: SHOW CARD AND TICK 1, 2 OR 3 IN APPROPRIATE SECTION UNDER PER WK; PER MTH OR PER YR]

A Per week	under €75	<input type="checkbox"/> ₁	€75 to €150.....	<input type="checkbox"/> ₂	€151 to €230.....	<input type="checkbox"/> ₃
Per Month	€0 to €300.....	<input type="checkbox"/> ₁	€301 to €650.....	<input type="checkbox"/> ₂	€651 to €1,000.....	<input type="checkbox"/> ₃

Per Year	€0 to €4,000..... <input type="checkbox"/> 1	€4,001 to €8,000..... <input type="checkbox"/> 2	€8,001 to €12,000..... <input type="checkbox"/> 3
B Per week	€231 to €270 <input type="checkbox"/> 1	€271 to €310..... <input type="checkbox"/> 2	€311 to €350..... <input type="checkbox"/> 3
Per Month	€1,001 to €1,150 <input type="checkbox"/> 1	€1,151 to €1,350..... <input type="checkbox"/> 2	€1,351 to €1,500..... <input type="checkbox"/> 3
Per Year	€12,001 to €14,000 <input type="checkbox"/> 1	€14,001 to €16,000..... <input type="checkbox"/> 2	€16,001 to €18,000..... <input type="checkbox"/> 3
C Per week	€351 to €390 <input type="checkbox"/> 1	€391 to €420..... <input type="checkbox"/> 2	€421 to €460..... <input type="checkbox"/> 3
Per Month	€1,501 to €1,700 <input type="checkbox"/> 1	€1,701 to €1,800..... <input type="checkbox"/> 2	€1,801 to €2,000..... <input type="checkbox"/> 3
Per Year	€18,001 to €20,000 <input type="checkbox"/> 1	€20,001 to €22,000..... <input type="checkbox"/> 2	€22,001 to €24,000..... <input type="checkbox"/> 3
D Per week	€461 to €500 <input type="checkbox"/> 1	€501 to €535..... <input type="checkbox"/> 2	€536 to €575..... <input type="checkbox"/> 3
Per Month	€2,001 to €2,150 <input type="checkbox"/> 1	€2,151 to €2,300..... <input type="checkbox"/> 2	€2,301 to €2,500..... <input type="checkbox"/> 3
Per Year	€24,001 to €26,000 <input type="checkbox"/> 1	€26,001 to €28,000..... <input type="checkbox"/> 2	€28,001 to €30,000..... <input type="checkbox"/> 3
E Per week	€576 to €650 <input type="checkbox"/> 1	€651 to €750..... <input type="checkbox"/> 2	€751 to €800..... <input type="checkbox"/> 3
Per Month	€2,501 to €2,800 <input type="checkbox"/> 1	€2,801 to €3,250..... <input type="checkbox"/> 2	€3,251 to €3,500..... <input type="checkbox"/> 3
Per Year	€30,001 to €34,000 <input type="checkbox"/> 1	€34,001 to €38,000..... <input type="checkbox"/> 2	€38,001 to €42,000..... <input type="checkbox"/> 3
F Per week	€801 to €850 <input type="checkbox"/> 1	€851 to €880..... <input type="checkbox"/> 2	€881 to €925..... <input type="checkbox"/> 3
Per Month	€3,501 to €3,650 <input type="checkbox"/> 1	€3,651 to €3,800..... <input type="checkbox"/> 2	€3,801 to €4,000..... <input type="checkbox"/> 3
Per Year	€42,001 to €44,000 <input type="checkbox"/> 1	€44,001 to €46,000..... <input type="checkbox"/> 2	€46,001 to €48,000..... <input type="checkbox"/> 3
G Per week	€926 to €1,000 <input type="checkbox"/> 1	€1,001 to €1,050..... <input type="checkbox"/> 2	€1,051 to €1,150..... <input type="checkbox"/> 3
Per Month	€4,001 to €4,300 <input type="checkbox"/> 1	€4,301 to €4,600..... <input type="checkbox"/> 2	€4,601 to €5,000..... <input type="checkbox"/> 3
Per Year	€48,001 to €52,000 <input type="checkbox"/> 1	€52,001 to €56,000..... <input type="checkbox"/> 2	€56,001 to €60,000..... <input type="checkbox"/> 3
H Per week	€1,151 to €1,250 <input type="checkbox"/> 1	€1,251 to €1,375..... <input type="checkbox"/> 2	€1,376 to €1,500..... <input type="checkbox"/> 3
Per Month	€5,001 to €5,500 <input type="checkbox"/> 1	€5,501 to €6,000..... <input type="checkbox"/> 2	€6,001 to €6,500..... <input type="checkbox"/> 3
Per Year	€60,001 to €66,000 <input type="checkbox"/> 1	€66,001 to €72,000..... <input type="checkbox"/> 2	€72,001 to €78,000..... <input type="checkbox"/> 3
I Per week	€1,501 to €1,600 <input type="checkbox"/> 1	€1,601 to €1,750..... <input type="checkbox"/> 2	€1,751 to €1,850..... <input type="checkbox"/> 3
Per Month	€6,501 to €7,000 <input type="checkbox"/> 1	€7,001 to €7,500..... <input type="checkbox"/> 2	€7,501 to €8,000..... <input type="checkbox"/> 3
Per Year	€78,001 to €84,000 <input type="checkbox"/> 1	€84,001 to €90,000..... <input type="checkbox"/> 2	€90,001 to €96,000..... <input type="checkbox"/> 3
J Per week	€1,851 to €2,100 <input type="checkbox"/> 1	€2,101 to €2,400..... <input type="checkbox"/> 2	€2,401 or more <input type="checkbox"/> 3
Per Month	€8,001 to €9,250 <input type="checkbox"/> 1	€9,251 to €10,500..... <input type="checkbox"/> 2	€10,501 or more <input type="checkbox"/> 3
Per Year	€96,000 to €110,000 <input type="checkbox"/> 1	€110,001 to €125,000..... <input type="checkbox"/> 2	€125,001 or more <input type="checkbox"/> 3

L45. Does anyone in your household currently receive any Social Welfare payments?

Yes 1

No.....2

L46. [CARD L46] Now I'd like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card L46, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? **[INTERVIEWER TICK PAYMENTS RECEIVED BY ANY HOUSEHOLD MEMBER]**

UNEMPLOYMENT PAYMENTS [L46a]			
Jobseeker's Benefit	<input type="checkbox"/> 1	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> 2
EMPLOYMENT SUPPORTS [L46b]			
Family Income Supplement	<input type="checkbox"/> 3	Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> 9
Farm Assist	<input type="checkbox"/> 4	Rural Social Scheme	<input type="checkbox"/> 10
Back to Work Allowance (Employees)	<input type="checkbox"/> 5	Jobseeker's Transition Payment	<input type="checkbox"/> 11
Back to Work Enterprise Allowance	<input type="checkbox"/> 6	Back to Work Family Dividend	<input type="checkbox"/> 12
Part-time Job Incentive Scheme	<input type="checkbox"/> 7	Short-Term Enterprise Allowance	<input type="checkbox"/> 13
Back to Education Allowance	<input type="checkbox"/> 8		
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS [L46c]			
Widow's/Widower's or Surviving Civil Partner (Contributory) Pension	<input type="checkbox"/> 14	Prisoner's Wife's Allowance	<input type="checkbox"/> 19
Deserted Wife's Benefit	<input type="checkbox"/> 15	One-Parent Family Payment	<input type="checkbox"/> 20
Widowed or Surviving Civil Partner Grant	<input type="checkbox"/> 16	Transition from One-Parent Family Payment	<input type="checkbox"/> 21
Widow's/Widower's or Surviving Civil Partner (Non-Contrib) Pension	<input type="checkbox"/> 17	Surviving Civil Partner's (Contributory) Pension	<input type="checkbox"/> 22
Deserted Wife's Allowance	<input type="checkbox"/> 18	Surviving Civil Partner's (Non-Cont) Pension	<input type="checkbox"/> 23
CHILD RELATED PAYMENTS [L46d]			
Maternity Benefit	<input type="checkbox"/> 24	Guardian's Payment (Non-Contributory)	<input type="checkbox"/> 28
Adoptive Benefit	<input type="checkbox"/> 25	Guardian/Orphan's pension	<input type="checkbox"/> 29
Health & Safety Benefit	<input type="checkbox"/> 26	After-School Child Care Scheme	<input type="checkbox"/> 30
Guardian's Payment (Contributory)	<input type="checkbox"/> 27	Paternity Benefit	<input type="checkbox"/> 31

DISABILITY AND CARING PAYMENTS [L46e]			
Illness Benefit	<input type="checkbox"/> ₃₂	Injury Benefit	<input type="checkbox"/> ₄₁
Invalidity Pension	<input type="checkbox"/> ₃₃	Incapacity Supplement	<input type="checkbox"/> ₄₂
Disability Allowance	<input type="checkbox"/> ₃₄	Disablement Benefit	<input type="checkbox"/> ₄₃
Blind Pension	<input type="checkbox"/> ₃₅	Medical Care Scheme	<input type="checkbox"/> ₄₄
Carer's Benefit	<input type="checkbox"/> ₃₆	Constant Attendance Allowance	<input type="checkbox"/> ₄₅
Domiciliary Care Allowance	<input type="checkbox"/> ₃₇	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> ₄₆
Carer's Allowance	<input type="checkbox"/> ₃₈	Respite Care Grant/Carer's Support Grant	<input type="checkbox"/> ₄₇
Half-rate Carer's Allowance	<input type="checkbox"/> ₃₉	Partial Capacity Benefit	<input type="checkbox"/> ₄₈
Prescribed Relative's Allowance	<input type="checkbox"/> ₄₀		
RETIREMENT PAYMENTS [L46f]			
State Pension (Contributory)	<input type="checkbox"/> ₄₉	Pre-Retirement Allowance	<input type="checkbox"/> ₅₁
State Pension Non-Contributory	<input type="checkbox"/> ₅₀		
OTHER PAYMENTS [L46g]			
Fuel Allowance	<input type="checkbox"/> ₅₂	Diet/heating supplements	<input type="checkbox"/> ₅₄
Household Benefits Package (electricity/gas/phone)	<input type="checkbox"/> ₅₃	Living Alone Increase	<input type="checkbox"/> ₅₅
		Other (please specify) _____	<input type="checkbox"/> ₅₆

L47. Does anyone in your household currently receive rent or mortgage supplement? Yes ₁ No...₂

L48. How much does the household receive PER WEEK in rent or mortgage supplement? €-----

L49. Do you receive or have you received in the last 12 months, any of the following payments? (Tick all that apply)

- Back to school clothing and footwear allowance₁
 Exceptional and urgent needs payments (from Community Welfare Officer) ₂
 Foster Care Allowance₃

L50. [CARD L50] Looking at Card L50 and thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?

[INTERVIEWER: NOTE THAT THE CHILD BENEFIT RATE IS €140 PER MONTH]

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

L51. [CARD L51] For the following items could you indicate whether or not your household has the item and, if not, if it is because you couldn't afford it or for another reason?

- | | Yes | No, cannot afford | No, other reason |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b. Does your household have a roast joint (or its equivalent) at least once a week? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c. Do household members buy new rather than second-hand clothes? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d. Does each household member possess a warm waterproof coat? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e. Does each household member possess two pairs of strong shoes? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| f. Does the household replace any worn out furniture? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| g. Does the household keep the home adequately warm? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| h. Does the household have family or friends for a drink or meal once a month? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| i. Does the household buy presents for family or friends at least once a year? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

L52. [CARD L52] 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? Would you say...

- | | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| With great difficulty | With difficulty | With some difficulty | Fairly easily | Easily | Very easily |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

L53. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?)

- Yes₁ No₂

L54. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes ₁ No ₂

L55. [CARD L55] Why was that?

Didn't want to ₁ Couldn't leave the children ₄
Have a full social life in other ways ₂ Illness ₅
Couldn't afford to ₃ Other (specify) _____ ₆

L56. Does your family have a car?

Yes ₁ No ₂

L57. Would your family like to have a car but you cannot afford it?

Yes ₁ No ₂

L58. In the last 12 months, did it happen that the family was unable to pay:

- a. Rent or make mortgage repayments for the main dwelling on time, due to financial difficulties Yes ₁ No ₂
- b. Utility bills (heating, electricity, gas, refuse collection) for the main dwelling on time, due to financial difficulties Yes ₁ No ₂
- c. Hire purchase instalments or other loan payments (besides mortgage repayments) on time, due to financial difficulties Yes ₁ No ₂

L59. When you think of your household's total housing costs including payments on mortgage or rent, insurance and service charges (refuse removal, regular maintenance and repairs etc.), would you say they are:

A heavy burden ₁ Somewhat of a burden ₂ No burden at all ₃

L60. Has the family had to go into debt within the last 12 months to meet ordinary living expenses such as mortgage repayments, rent, food, Christmas or back-to-school expenses?

Yes ₁ No ₂

L61. Can the family save some income regularly? Yes ₁ No ₂

L62. In the last year has the family had a holiday away from home of at least a week's duration, something that you paid for? Yes ₁ No ₂

L63. [CARD L63] Thinking back to when you were 16 years old, can you tell me, with which degree of ease or difficulty was your 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

L64. Compared to when we last interviewed you, when <child> was 5 years old, 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 ₁ Somewhat better off now ₂ No change ₃ Somewhat worse off now ₄ Much worse off now ₅

L65. Why is that? _____

L66. When you were 16 was your mother alive Yes .. ₁ No ₂ Go to L70

L67. When you were 16, did your mother work outside the home? Yes ₁ No ₂ Don't Know ... ₃

L68a. Was she an employee? Yes .. ₁

No ₂

L68b. Was she self-employed?(include farmer) Yes .. ₁

No ₂

L69. [CARD L69/73] [IF EMPLOYED OR SELF-EMPLOYED]. Which of the descriptions on this card best describes the sort of work she did when you were 16?

- Traditional professional (e.g. accountant, solicitor, GP) 1
- Modern professional (e.g. teacher, nurse, social worker) 2
- Clerical and intermediate (secretary, office clerk, call ctr) 3
- Senior manager or administrators & employer of 10+ 4
- Middle or junior managers & employer of 1-9 5
- Farmer 6
- Technical & craft (mechanic, inspector, plumber) 7
- Semi-routine manual & service (postal worker, machine operator, security guard, caretaker, receptionist, sales assistant, waiter/waitress, barman, driver) 8
- Routine manual & service (cleaner, porter, packer, messenger, labourer) 9

L.70 When you were 16 was your father alive Yes .. 1 No 2 Go to M1

L71. When you were 16, did your father work outside the home? Yes 1 No 2 Don't Know ... 3

L72a. Was he an employee? Yes 1 Go to L54 No 2

L72b. Was he self-employed?(include farmer) Yes 1 Go to L54 No 2

L73. [CARD L69/73][IF EMPLOYED OR SELF-EMPLOYED] Which of the descriptions on this card best describes the sort of work he did when you were 16?

- Traditional professional (e.g. accountant, solicitor, GP) 1
- Modern professional (e.g. teacher, nurse, social worker) 2
- Clerical and intermediate (secretary, office clerk, call ctr) 3
- Senior manager or administrators & employer of 10+ 4
- Middle or junior managers & employer of 1-9 5
- Farmer 6
- Technical & craft (mechanic, inspector, plumber) 7
- Semi-routine manual & service (postal worker, machine operator, security guard, caretaker, receptionist, sales assistant, waiter/waitress, barman, driver) 8
- Routine manual & service (cleaner, porter, packer, messenger, labourer) 9

Section M – About You

Now some more questions about yourself

M1. [CARD M1] What is the highest level of education (full-time or part-time) which you have completed to date?

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

Second Level

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

Third Level

6. National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.. ₆
(Non Degree)
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 Certificate or Diploma..... ₁₀
11. Postgraduate Degree (Masters) ₁₁
12. Doctorate (Ph.D)..... ₁₂

[INTERVIEWER: ASK M2 ONLY IF M1 IS CODE 3 OR HIGHER]

M2. In what year did you get this qualification? _____

[INTERVIEWER: ASK M3 ONLY IF M1 IS CODE 5 OR HIGHER]

M3. What is the name of this qualification?

[INTERVIEWER: PLEASE RECORD AS MUCH DETAIL AS POSSIBLE]

[INTERVIEWER: ASK M4 ONLY IF M1 IS CODE 5]

M4. Did you complete your Upper Secondary education (Leaving Certificate/'A'Levels or equivalent) before gaining this qualification?

- Yes ₁ No ₂

M5. What is <child's> first language?

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

M6. What language is usually spoken to <child> in the home?

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

[BLAISE CONDITION: ASK M7 – M9 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT PREVIOUS WAVE, NON-RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

M7. Many people have problems with reading. Can I just check, can you read aloud to a child from a children's story book written in your native language?

- Yes ₁ No..... ₂

M8. Can I just check, can you read aloud to a child from a children's story book written in English?

- Yes ₁ No..... ₂

M9. Can you usually read and fill out forms you might have to deal with in English?

- Yes ₁ No..... ₂

[BLAISE CONDITION: ASK M10 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT PREVIOUS WAVE, NON-RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

M10. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

- Yes ₁ No..... ₂

M11. Are you a citizen of Ireland? Yes..... 1 No 2

M12. What citizenship do you hold? _____

[ASK M13 – M15 IF NON RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

M13. Were you born in Ireland? Yes..... 1 No 2

M14. In which country were you born? _____

M15. How long ago did you first come to live in Ireland?

Within the last year 1 1-5 years ago 2 6-10 years ago 3 11-20 years ago 4 More than 20 years ago 5 Don't know 88

M16. And what about <child>. Is he / she a citizen of Ireland? Yes 1 No 2 DK 8

M17. What citizenship does he / she hold? _____ Don't know 8

M18. [CARD M18] Looking at card M18, 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 Section Started

--	--	--	--

(24 hour clock)

N. Neighbourhood / Community

Finally, we would like to ask you some questions about your local area.

N1. How long have you lived in your local area? _____ years OR _____ months

N2. [CARD N2] How strongly do you agree or disagree with these statements about your neighbourhood?

	Strongly agree	Agree	Disagree	Strongly disagree
a. This is a safe neighbourhood.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. There are good parks, playgrounds and play spaces.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. The state of the footpaths, roads and street lighting is good.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. There is access to close, affordable, regular public transport.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. There is access to basic shopping facilities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. There is access to basic services such as banks, medical clinics, etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. There is heavy traffic on my street or road.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. It is safe for children to play outside during the day.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. People around here are willing to help their neighbours.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Most people in your neighbourhood can be trusted.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. If you need information about local services, you know where to find that information.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. You are well informed about local affairs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. 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

N3. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?

Yes ₁ No ₂

N4. Do you participate in any ongoing community service activity? (e.g. volunteering at a school, coaching a sports team or working with a church or neighbourhood association)?

Yes..... ₁ No ₂

N5. [CARD N5] 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 Fairly Not very Not at all
common common common common

- a. Rubbish and litter lying about ₁ ₂ ₃ ₄
 b. Homes and gardens in bad condition ₁ ₂ ₃ ₄
 c. Vandalism and deliberate damage to property ₁ ₂ ₃ ₄
 d. People being drunk or taking drugs in public..... ₁ ₂ ₃ ₄

N6. To what extent do you agree or disagree with these statements about your local area?

Strongly Strongly
Agree Agree Disagree Disagree

- It is safe to walk alone in this area after dark..... ₁ ₂ ₃ ₄
 It is safe for children to play outside during the day in this area..... ₁ ₂ ₃ ₄
 There are safe parks, playgrounds and play spaces in this area ₁ ₂ ₃ ₄

N7. I am going to read out a range of services. Could you tell me whether these services are available in or within relatively easy access of YOUR LOCAL AREA?

Available?

Yes No

- a. Regular public transport ₁ ₂
 b. GP or health clinic..... ₁ ₂
 c. Schools (primary or secondary).. ₁ ₂
 d. Library ₁ ₂
 e. Post Office..... ₁ ₂

Available?

Yes No

- f. Social Welfare Office ₁ ₂
 g. Banking/ Credit Union ₁ ₂
 h. Garda station ₁ ₂
 i. Essential grocery shopping ₁ ₂
 j. Recreational facilities appropriate to a 9-yr old ₁ ₂

N8. Do you have any family living in this area? Yes ₁ No ₂

N9. [CARD N9] How often do you and your neighbours do each of the following?

Never Sometimes Often

- a. Do favours for each other ₁ ₂ ₃
 b. Share information on schools or children's activities ₁ ₂ ₃
 c. Visit each other's houses ₁ ₂ ₃

N10. How do you feel about your neighbourhood as a place for bringing up children?

Excellent

₁

Good

₂

Average

₃

Poor

₄

Very poor

₅

Don't know

₆

N11. [CARD N11] Would you describe the place where the household is situated as being.....?

- In open country ₁
 In a village (200-1,499) ₂
 In a town (1,500-2,999) ₃
 In a town (3,000-4,999) ₄
 In a town (5,000-9,999) ₅
 In a town (10,000 or more)..... ₆

- Waterford city ₇
 Galway city ₈
 Limerick city..... ₉
 Cork city..... ₁₀
 Dublin city (incl. Dun Laoghaire) ₁₁
 Dublin county (outside Dublin city) urban..... ₁₂
 Dublin county (outside Dublin city) rural..... ₁₃

B9. Primary Caregiver Sensitive Questionnaire

GROWING UP IN IRELAND

STRICTLY CONFIDENTIAL

9-Year Infant Questionnaire

Primary Caregiver – Sensitive Questionnaire

GROUP HOUSEHOLD CHILD NUMBER

Interviewer Name _____ Interviewer Number

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

We have a few final questions for you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return the questionnaire to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.** If, however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

X1. Are you male or female?

Male.....₁ Female₂

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

[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD AT CURRENT WAVE ASK AS1 – AS3]:

AS1. Can you please tell me why <Person at Wave 2> is no longer resident in the household.

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

AS2. When did <Person from Wave 2> stop living with you: Since what year? _____ [YYYY]

AS3. When did <Person from Wave 2> stop living with you: Since what month? _____ [mth]

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

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

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

Yes.....₁ No.....₂ → Go to S7

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

Domestic.....₁ Inter-country₂

S4. Was this a within family adoption?

Yes ₁ No ₂

S5. From which country?

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

NOW PLEASE GO TO S12

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

Yes.....1

No.....2 → Go to S12

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

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

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

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

Another foster family1

Own family.....2

Institutional care3

NOW PLEASE GO TO S12

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status?

Married and living with husband / wife1 Go to S13a

Married and separated from husband / wife2 Go to S13b

Divorced3 Go to S13b

Widowed4 Go to S13b

Never married (including living with partner)5 Go to S15

S13a. In what year did you marry your husband / wife? _____ (year) Go to S16

S13b. In what year did you marry your (former) spouse? _____(year)

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

S15. May I just check whether you are currently living with someone in the household as a couple?

Yes.....1

No2 Go to S23

S16. Since when have you and your spouse or partner been living together? _____(year)

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

Most days.....1→Go to S18

At least once a week.....2→Go to S18

Less than once a week3→Go to S18

Hardly ever.....4→Go to S18

Never.....5→Go to S19

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

Almost never/ never Not very often Sometimes Often Almost always/ always

a. Shout or yell at each other1.....2.....3.....4.....5

b. Throw something at each other1.....2.....3.....4.....5

c. Push, hit or slap each other1.....2.....3.....4.....5

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

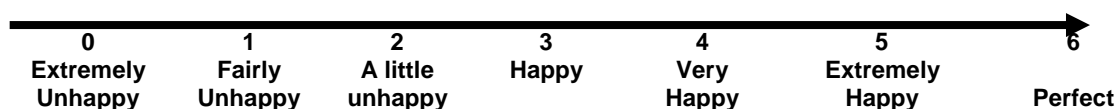
All the time Most of the time More often than not Occasionally Rarely Never

a. You discuss or have considered divorce, separation, or terminating your relationship ...1.....2.....3.....4.....5.....6

b. You think that things between you and your partner are going well1.....2.....3.....4.....5.....6

c. You confide in your spouse/partner1.....2.....3.....4.....5.....6

S20. The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.



S21. For each of the items below, please select the response that best describes the way you and your partner work together as parents.

	Not true of us		A little bit true of us		Some what true of us		Very true of us
	0	1	2	3	4	5	6
a. My partner asks my opinion on issues related to parenting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is easier and more fun to play with the child alone than it is when my partner is present too.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My partner tells me I am doing a good job or otherwise lets me know I am being a good parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My partner sometimes makes jokes or sarcastic comments about the way I am as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My partner does not trust my abilities as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My partner tries to show that she or he is better than me at caring for our child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. We often discuss the best way to meet our child's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. When all three of us are together, my partner sometimes competes with me for our child's attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My partner undermines my parenting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. My partner appreciates how hard I work at being a good parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. When I'm at my wits end as a parent, partner gives me extra support I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. My partner makes me feel like I'm best possible parent for our child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S22. We would like you to think about things you do when both you and your partner are physically present together with the Study Child (i.e. in the same room, in the car, on outings). Count only times when all three of you are together (even if this is just a few hours per week). How often in a typical week, when all 3 of you are together, do you (please tick one box on each line):

	Never		Sometimes (once or twice a week)		Often (once a day)		Very often (Several times a day)
	0	1	2	3	4	5	6
a. Find yourself in a mildly tense or sarcastic interchange with your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Argue with your partner <u>about your child</u> , in the child's presence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Argue about your relationship or marital issues <u>unrelated to your child</u> , in the child's presence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. One or both of you say cruel or hurtful things to each other in front of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Yell at each other within earshot of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S23. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <child> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
a. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The major source of stress in my life is my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Having a child leaves little time and flexibility in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Having a child has been a financial burden.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S24. Of the following, please choose the ONE item that best describes how you feel about yourself as a parent. Do you feel that you are...

- Not very good at being a parent 1
- A person who has some trouble being a parent 2
- An average parent 3
- A better than average parent 4
- A very good parent..... 5

[BLAISE CONDITION: ASK ONLY OF FEMALE RESPONDENTS]

S25. Are you currently pregnant? Yes..... 1 No..... 2

S26. Which of the following best describes how often you usually drink alcohol?

- Never..... 1 **Go to S29**
- Less than once a month..... 2
- 1-2 times a month 3
- 1-2 times a week 4
- 3-4 times a week 5
- 5-6 times a week..... 6
- Every day 7

If currently drink alcohol between everyday and 1-2 times a week ask:
S27. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

- (a) Pints of Beer/Cider ____ (b) Glasses of Wine ____
- (c) Measures of Spirits ____ (d) Bottles of alcopops ____

For the following questions please consider that 1 drink = 1/2 pint of beer or 1 glass of wine or 1 single spirits

[BLAISE CONDITION: ASK S28a ONLY OF FEMALE RESPONDENTS]

S28a. 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 |

[BLAISE CONDITION: ASK S28b ONLY OF MALE RESPONDENTS]

S28b. 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 |

S28c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

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

S28d. How often during the last year have you failed to do what was expected of you because of drinking?

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

S28e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- No..... 1 Yes, on one occasion..... 2 Yes on more than one occasion..... 3

S29. 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

S30. About how many cigarettes or cigars do you smoke on average each day

[INTERVIEWER. ENTER '0' IF LESS THAN 1 ON AVERAGE]

S31a. Including yourself, how many members of the household smoke cigarettes or cigars? ____ N

S31b. Do you currently use ‘vapers’ or e-cigarettes?

Daily1 Occasionally2 Not at all3

S32a. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Yes, regularly 1 Yes, occasionally.....2 No, not at all.....3

S32b. Do you use any other products (sometimes described as “legal highs” or “headshop drugs”) such as “poppers”, “party pills” or “spice”?

Yes, regularly 1 Yes, occasionally.....2 No, not at all.....3

S33. Since the time of the last interview in [MM/YYYY], have you been treated by a medical professional for clinical depression, anxiety, ‘nerves’ or phobias?

Yes.....1 No.....2

S34. Are you currently taking medication for clinical depression, anxiety, ‘nerves’ or phobias?

Yes.....1 No.....2

S35. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
a. I felt I could not shake off the blues even with help from my family or friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I felt depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. I thought my life had been a failure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I felt fearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. My sleep was restless	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. I felt lonely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. I had crying spells	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. I felt sad.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

S36. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?

Yes.....1 No.....2 →Go to S38

S37. Have you ever been to prison? Yes1 No 2

[BLAISE CONDITION: ASK ONLY IF RESIDENT SPOUSE/PARTNER]

S38. Thinking about how you and your spouse/partner look after the family and house, do you think that you do your fair share of the domestic tasks (e.g. housework, home maintenance, shopping and cooking)?

I do much less than my fair share1 I do more than my fair share4
I do less than my fair share.....2 I do much more than my fair share5
I do my fair share3

[BLAISE CONDITION: ASK ONLY IF RESIDENT SPOUSE/PARTNER]

S39. Do you think that you do your fair share of the child-rearing tasks (both physical and emotional care)?

I do much less than my fair share1 I do more than my fair share4
I do less than my fair share.....2 I do much more than my fair share5
I do my fair share3

S40. Can we check, does <child's> biological father/ mother live here with you or elsewhere?

- Lives here.....1 → Go to S62
Deceased.....2 → Go to S62
Temporarily lives elsewhere.....3 → Go to S62
Lives elsewhere.....4 → Go to S41

S41. Were you ever married to or did you ever live with <child's> biological father / mother?

- Yes, married to...1 Yes, lived with...2 No 3 Go to S43 Adoptive / Foster parent 4 Go to S62

S42. What age was the Study Child when you split or separated from their biological father / mother?

Child's age _____ years

S43. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

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

S44. Briefly describe that arrangement

S45. How did you arrive at that arrangement?

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

S46. Is this written or verbal? Written.....1 Verbal.....2

S47. How far does <child's> biological father / mother live from here?

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

S48a. How often does <child> have face-to-face contact with his / her biological father / mother?

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

S48b. How often does <child> have other contact (not face-to-face)with his / her biological father / mother?

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

S49. On average, how often does <child> stay over or spend the night with his / her biological father / mother?

- 4 or more nights per week.....1 Monthly.....5
1 – 3 nights per week.....2 Less than once a month.....6
Fortnightly.....3 Never.....7

S50. Some children have trouble adjusting when they move from one parent to another. When child first returns from contact with his / her biological father / mother, which of the following best describes how he/she typically behaves.

- Over-excited and hard to settle for a long period (more than a few hours).....1
Over-excited and hard to settle for a short period.....2
Relaxed and comfortable.....3
Withdrawn, sad or restless for a short period.....4
Withdrawn, sad or restless for a long period (more than a few hours).....5

S51. When child is about to leave to spend time with his / her biological father / mother, is he/she sad or distressed?

Yes - a little ..1 Yes – somewhat.....2 Yes – very.....3 No.....4 Don't know5

S52. Does <child's> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment.....1
 Yes, he/she makes a regular payment2
 Yes, he/she makes payments as required3

S53. How often do you talk to <child's> biological father/ mother about <child>?

	Several times a	About once	A few times a	Several times a	
Every day	week	a week	month	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

S54. How often do you disagree with <child's> biological father/ mother about basic child-rearing issues?

Never/Almost never <input type="checkbox"/> 1	Often <input type="checkbox"/> 4
Rarely..... <input type="checkbox"/> 2	Always/Almost always <input type="checkbox"/> 5
Sometimes <input type="checkbox"/> 3	Don't discuss <input type="checkbox"/> 6

S55. When you make major decisions about <child>, like medical treatment or choice of child care, how often do you ask <child's> biological father/ mother for his/her views?

Never/Almost never <input type="checkbox"/> 1	Often <input type="checkbox"/> 4
Rarely..... <input type="checkbox"/> 2	Always/Almost always <input type="checkbox"/> 5
Sometimes <input type="checkbox"/> 3	Don't discuss <input type="checkbox"/> 6

S56. How involved do you think <child's> biological father/ mother should be in <child's> life?

A lot more involved <input type="checkbox"/> 1	A little less involved..... <input type="checkbox"/> 4
A little more involved..... <input type="checkbox"/> 2	Much less involved..... <input type="checkbox"/> 5
Level of involvement is about right <input type="checkbox"/> 3	

S57. How often does <child's> biological father/ mother do any of these additional things:

	Often	Sometimes	Rarely	Never
a. Buy clothes, toys or presents for child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Pay for child's medical or dental bills, health insurance or medicines	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Give you extra money to help out, like pay the rent, household bills or car repairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Look after child when you need to do other things such as working, studying or attending appointments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

S58. How well do you get on with <child's> biological father/ mother? Would you say your relationship is?

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

S59. Does <child's> biological father / mother have any other children living with him/her at the moment?

Yes1 No2

S60. How many of these are:

	N
Full brothers / sisters of the Study Child	_____
Half brothers / sisters of the Study Child	_____
Other children (not related to Study Child)	_____

S61. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?

- Yes ₁
 No, I do not wish other parent to be contacted ₂
 No, I do not have contact details for other parent ₃



Please give contact details

S62. Thinking back to when you were 9 years old, how would you describe the relationship you had with your own mother (or other person fulfilling a maternal role) at that time?

- | | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------------------------------|---------------------------------------|
| Very close | Quite Close | Quite Distant | Very Distant | Mother deceased/
not living with
mother then | Can't remember |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |

S63. Thinking back to when you were 9 years old, how would you describe the relationship you had with your own father (or other person in a paternal role) at that time?

- | | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------------------------------|---------------------------------------|
| Very close | Quite Close | Quite Distant | Very Distant | Father deceased/
not living with
father then | Can't remember |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |

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



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



Trinity College Dublin

The University of Dublin

B10. Secondary Caregiver Main Questionnaire

**GROWING UP IN IRELAND
STRICTLY CONFIDENTIAL**

INFANT COHORT AT 9 YEARS

SECONDARY CAREGIVER QUESTIONNAIRE

GROUP **HOUSEHOLD** **CHILD NUMBER**

INTERVIEWER NAME _____ **INTERVIEWER NO:**

Time Section Started (24 hour clock) **DATE:** __dd__mm__yy

We are seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about ____ minutes to complete **[INTERVIEWER: ADJUST AS APPROPRIATE FOR YOU IN THE FIELD]**. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

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

Section A - Child's Relationships

A1. [CARD A1] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Does not really apply	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. My child and I always seem to be struggling with each other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. If upset, my child will seek comfort from me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. My child is uncomfortable with physical affection or touch from me...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. My child values his/her relationship with me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. When I praise my child he/she beams with pride	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. My child spontaneously shares information about his/herself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. My child easily becomes angry at me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. It is easy to be in tune with what my child is feeling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. My child remains angry or is resistant after being disciplined	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. Dealing with my child drains my energy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. When my child is in a bad mood I know we're in for a long and difficult day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. My child's feelings toward me can be unpredictable or can change suddenly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. My child is sneaky or manipulative with me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. My child openly shares his/her feelings and experiences with me....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

A2. [CARD A2] How often do you do the following when <child> misbehaves?

Never Rarely Now and again Regularly Always Can't say

a. Discuss/Explain why behaviour was wrong....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. Ignore him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. Shout or yell at him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d. Send him/her out of the room or to his/her bedroom or naughty step	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e. Take away treats/pocket money	<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. Tell him/her off	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
g. Bribe him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
h. Ground him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

A3. Do you think about smacking a child when he/she misbehaves would you say it is...

Never justified	<input type="checkbox"/> ₁	Sometimes justified	<input type="checkbox"/> ₂	Always justified	<input type="checkbox"/> ₃
Depends on the circumstances	<input type="checkbox"/> ₄	Don't know	<input type="checkbox"/> ₅		

A4. [CARD A4] Which of these best describes <child's> weight?

[INTERVIEWER: ASK THE RESPONDENT TO USE CODES 1-4 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

Underweight	<input type="checkbox"/> ₁
Normal weight.....	<input type="checkbox"/> ₂
Somewhat overweight	<input type="checkbox"/> ₃
Very overweight.....	<input type="checkbox"/> ₄

Section B - Parental Health

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

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

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

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

Yes ₁ No ₂

B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

[INTERVIEWER: PLEASE RECORD DIAGNOSIS – NOT SYMPTOMS OF THE PROBLEM.]

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

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

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

B6. Do you look after anyone who needs special help or care, for example, someone who is elderly or has a long term illness or who has special needs – either here in your home or elsewhere? Do not include people whom you are employed to look after, but do include those for whom you are in receipt of a carer's allowance.

Yes ₁ No ₂

B7. How many people do you provide special help or care to? _____(number of people)

B8.[CARD B8] How are you related/connected to this person/these people? (tick all that apply)

Your own parent(s) ₁
Your partner/spouse's parent(s) ₂
Your spouse/partner ₃
The study child ₄
Another child..... ₅
Another adult ₆

B9. Is that person/are those people living here in the family home or elsewhere? (tick all that apply)

Here, in the family home ₁ Lives elsewhere ₂

B10. About how many hours a week would you say that you spend providing care to that person/those people?
_____hrs per wk

B11. Would you say that providing this care puts pressure on your family life?

A lot of pressure ₁ A little pressure ₂ No pressure ₃

B12. Thinking about your free-time, in general would you say you are...[INTERVIEWER:READ OUT]

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

B13. [CARD B13] Do you think that you are:

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

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

B14. [CARD B14] In your day-to-day life how often have any of the following things happened to you?

Almost everyday At least once a week A few times a month A few times a year Less than once a year Never

- | | | | | | | |
|-------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. You are treated with less courtesy or respect than other people..... | <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. You receive poorer service than other people at restaurants or stores..... | <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. People act as if they think you are not smart..... | <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. People act as if they are afraid of you..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| e. You are threatened or harassed..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

Follow-up Questions- asked only of those answering "A few times a year" or more frequently to at least one question.

B15. [CARD B15] What do you think is the main reason for these experiences? [TICK ALL THAT APPLY]

- Your gender..... 1
- Your race/skin colour/ethnic group/nationality..... 2
- Your age..... 3
- Your religion..... 4
- Your sexual orientation..... 8
- Your education or income Level..... 9
- Your marital status..... 9
- Your family status (e.g. pregnant or with children)..... 9
- A disability..... 9
- Membership of the travelling community..... 9
- Other (please specify)..... 9

Time Section Ended (24 hour clock)

Section C - Child's play and activities

C1. [CARD C1] How often would you do any of the following with <child>?

Never Hardly ever Occasionally One or two times a week Everyday N/A

- | | | | | | | |
|-----------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Play with <child> using toys or games / puzzles | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| b) Play computer games with <child> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| c) Visit the library | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| d) Listen to <child> read | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| e) Read to <child> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| f) Use computer with <child> in educational ways | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| g) Sport or physical activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| h) Go on educational visits outside home such as museums, farms | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| i) Go shopping | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |

C2. [CARD C2] In the past month, has <child> done any of these things with you or another family member?

- | | Yes | No |
|---------------------------------------------------------------------------------|----------------------------|----------------------------|
| a) Gone to a movie..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b) Gone to a sporting event in which the child was not a player..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c) Gone to a concert, play, museum, art gallery, community or school event..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d) Attended a religious service, church, temple, synagogue or mosque | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e) Visited a library | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f) Swimming..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

Section E – Parenting and Family Context

E1. [CARD E1] If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements? [INTERVIEWER: IF RESPONDENT IS NOT CURRENTLY WORKING OUTSIDE THE HOUSE, RECORD N/A]

- | | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | N/A |
|--------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. my job is secure | <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. I might lose my job in the next 6 months..... | <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:

- | | | | | | | |
|----------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| c. 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 |
| d. 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:

- | | | | | | | |
|-------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| e. You have to turn down work activities or opportunities that you would prefer to take on..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| f. 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 |

E2. [CARD E2] Looking at Card E2, now, I'd like to ask you about the time the Study 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. Talk about things together | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. 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 |

E3. [CARD E3] Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?

- | | | | | | | | |
|-------------------|----------------------------|-------------------------|----------------------------|-----------------------------|----------------------------|-----------------------|----------------------------|
| I get enough help | <input type="checkbox"/> 1 | I don't get enough help | <input type="checkbox"/> 2 | I don't get any help at all | <input type="checkbox"/> 3 | I don't need any help | <input type="checkbox"/> 4 |
|-------------------|----------------------------|-------------------------|----------------------------|-----------------------------|----------------------------|-----------------------|----------------------------|

E4. In general, would you describe yourself as a religious person?

- | | | | | | | | | | |
|-----------------|----------------------------|---------------|----------------------------|------------|----------------------------|-------------------|----------------------------|----------------|----------------------------|
| Not at all..... | <input type="checkbox"/> 1 | A little..... | <input type="checkbox"/> 2 | Quite..... | <input type="checkbox"/> 3 | Very much so..... | <input type="checkbox"/> 4 | Extremely..... | <input type="checkbox"/> 5 |
|-----------------|----------------------------|---------------|----------------------------|------------|----------------------------|-------------------|----------------------------|----------------|----------------------------|

E5. In general, would you describe yourself as a spiritual person?

- | | | | | | | | | | |
|-----------------|----------------------------|---------------|----------------------------|------------|----------------------------|-------------------|----------------------------|----------------|----------------------------|
| Not at all..... | <input type="checkbox"/> 1 | A little..... | <input type="checkbox"/> 2 | Quite..... | <input type="checkbox"/> 3 | Very much so..... | <input type="checkbox"/> 4 | Extremely..... | <input type="checkbox"/> 5 |
|-----------------|----------------------------|---------------|----------------------------|------------|----------------------------|-------------------|----------------------------|----------------|----------------------------|

E6. Do you belong to any religious denomination

Yes..... 1 No..... 2

E7. [CARD E7] Looking at Card E7, If yes, which one

- Christian – no denomination 1
- Roman Catholic 2
- Anglican/Church of Ireland/Episcopalian 3
- Other Protestant..... 4
- Jewish 5
- Muslim..... 6
- Other (specify) 7

SECTION F: SOCIO-DEMOGRAPHICS

Time Section Started (24 hour clock)

Now some questions about the circumstances of your household.

F1. [CARD F1] Which of these descriptions BEST describes your usual situation in regard to work?

[INTERVIEWER: IF RESPONDENT IS ON MATERNITY LEAVE AND SHE HAS A JOB WHICH SHE INTENDS TO RETURN TO, SHE SHOULD BE CODED AS 0]

- | | | | |
|----------------------------------------------------------------|----------------------------|---------------------------------------------------------|-----------------------------|
| Currently on maternity leave, but have a job to return to..... | <input type="checkbox"/> 0 | Student full-time..... | <input type="checkbox"/> 5 |
| Employee (incl. apprenticeship)..... | <input type="checkbox"/> 1 | On State training scheme (FAS, Fáiite Ireland etc)..... | <input type="checkbox"/> 6 |
| Work Scheme –eg Community Employment..... | <input type="checkbox"/> 2 | Unemployed, actively looking for a job..... | <input type="checkbox"/> 7 |
| Job-bridge; Gateway..... | <input type="checkbox"/> 2 | Long-term sickness or disability..... | <input type="checkbox"/> 8 |
| Self-employed outside farming..... | <input type="checkbox"/> 3 | Home duties / looking after home or family..... | <input type="checkbox"/> 9 |
| Farmer..... | <input type="checkbox"/> 4 | Retired..... | <input type="checkbox"/> 10 |
| | | Other (please specify)..... | <input type="checkbox"/> 11 |

F2. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs.

_____ hours

F3. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?

_____ minutes [INTERVIEWER. IF RESPONDENT WORKS AT HOME ENTER '0' FOR MINUTES]

F4. [CARD F4] How often does your work involve...READ OUT...

Never	Less than once a month	Once a month	Several times a month	Once a week	Several times a week	Every day	Don't know
-------	------------------------	--------------	-----------------------	-------------	----------------------	-----------	------------

a ...working evenings or nights – after usual office 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
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

b ...having to work overtime at short notice?

<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
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

F5. [CARD F5] How often does your work involve working at weekends?

Never	Less than once a month	Once a month	Several times a month	Every week	(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

F5x. When did you start your current job? _____ year _____ month

F6. [CARD F6] What is your occupation in your main job?

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

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

Do not use general terms such as:
 MANAGER
 TEACHER
 ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
 Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your main OCCUPATION

[INTERVIEWER: ASK L13 IF CODE 0 OR 1 AT F1]

F7. [CARD F7] Does your employer (a) provide any of the following types of family friendly facilities and (b) if they are provided, have you used them in the last 12 months?

	Provide?		Used last 12 months	
	Yes	No	Yes	No
a. Financial support for childcare costs (e.g. subsidy, voucher) ..	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....
b. A crèche or nursery at work	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....
c. Assistance with finding childcare	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....
d. Flexible working hours (i.e. changing times you start and finish)	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....
e. Allow parents paid time off when a child is sick (in addition to normal holiday allowance)	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....
f. Allow parents unpaid time off when a child is sick.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....
g. Allow parents unpaid time off during school holidays	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....
h. Allow employees to work from home some or all of the time, during normal working hours	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....
i. Allow employees to jobshare or reduce hours/work part time	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....
j. Other family friendly facilities (please specify) _____	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....

F8. In general, how would you rate your employer in terms of allowing 'family friendly' working?

- Very good..... 1
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor.....

[INTERVIEWER: ASK F9 IF CODE 0 OR 1 AT F1]

F9. Do you supervise or manage any personnel in your job?

Yes 1 No 2

F10. How many? _____

[INTERVIEWER: ASK F11 IF CODE 3 OR 4 AT F1]

F11. How many employees (if any) do you have? _____ employees N A 99

[INTERVIEWER: ASK F12 IF CODE 4 AT F1]

F12. How many acres do you farm? _____ acres _____ hectares Go to F25

F13. Apart from holiday or casual work, have you ever had a full-time job? Yes ... 1 No .. 2 Go to F21

F14. In what year did you last work in that full-time job? _____ year

F15. 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

F16. Do you supervise or manage any personnel in your job?

Yes ₁ No ₂

F17. How many? _____

F18. How many employees (if any) do you have? _____ employees N A ₉₉

F19. How many acres do you farm? _____ acres _____ hectares

F20. [CARD F20/23] What (was) your occupation in your main job?

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

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

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your main OCCUPATION

F21. Do you currently have a part-time job outside the home? Yes ₁ No ₂ Go to F24

F22. On average, how many hours per week do you work in that part-time job? _____ hours

F23. [CARD F20/23] What is your occupation in your main job?

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

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

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

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

Write in your main OCCUPATION

If a farmer or a farm worker, write in the SIZE of the farm _____ acres Go to F25

F24. [CARD F24] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

- | | | | |
|------------------------------------------------------------|-------|----------------------------------------------------|-------|
| 1. I can't find a job | _____ | 6. I cannot find suitable childcare..... | _____ |
| 2. I chose not to work..... | _____ | 7. There are no suitable jobs available for me ... | _____ |
| 3. I am caring for an elderly or ill relative or friend... | _____ | 8. My family would lose Social Welfare or | |
| 4. I prefer be at home to look after my children myself | | medical benefits if I was earning | _____ |
| 5. I cannot earn enough to pay for childcare | _____ | 9. Other reason (please specify)..... | _____ |

F25. I'd like you to think back over the last 4 years – the last 48 months. In approximately how many of those months would you say you were mainly engaged in paid work outside the home (ignore holidays and so on)

Paid work outside the home _____ months

F26. Of the <notatwork> months you weren't at work outside the home over the last 4 years, for about how many months would you say you were mostly:

- (a) looking after the family _____ months
- (b) unemployed and actively looking for paid work outside the home _____ months
- (c) other (e.g. student, ill/disabled) _____ months

<hard check – 48 months>

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.

F27. Thinking back to when you were 16 years olds, can you tell me, with which degree of ease or difficulty was your 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

F28. Compared to when we last interviewed you, when <child> was 5 years old, 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 1
- Somewhat better off now 2
- No change 3
- Somewhat worse off now 4
- Much worse off now 5

F29. Why is that? _____

F30. When you were 16 was your mother alive Yes .. 1 No 2

F31. When you were 16, did your mother work outside the home? Yes 1 No 2 Don't Know ... 3

F32a. Was she an employee? Yes .. 1 No 2

F32b. Was she self-employed? Yes .. 1 No 2

F33. [CARD F33/37] [If employed or self-employed]. Which of the descriptions on this card best describes the sort of work she did when you were 16?

- Traditional professional (e.g. accountant, solicitor, GP) 1
- Modern professional (e.g. teacher, nurse, social worker) 2
- Clerical and intermediate (secretary, office clerk, call ctr) 3
- Senior manager or administrators & employer of 10+ 4
- Middle or junior managers & employer of 1-9 5
- Farmer 6
- Technical & craft (mechanic, inspector, plumber) 7
- Semi-routine manual & service (postal worker, machine operator, security guard, caretaker, receptionist, sales assistant, waiter/waitress, barman, driver) 8
- Routine manual & service (cleaner, porter, packer, messenger, labourer) 9

F.34. When you were 16 was your gather alive Yes 1 No 2

F35. When you were 16, did your father work outside the home? Yes 1 No 2 Don't Know ... 3

F36a. Was he an employee? Yes 1 No 2

F36b. Was he self-employed? Yes 1 No 2

F37. [CARD F33/37] [If employed or self-employed] Which of the descriptions on this card best describes the sort of work he did when you were 16?

- Traditional professional (e.g. accountant, solicitor, GP) 1
- Modern professional (e.g. teacher, nurse, social worker) 2
- Clerical and intermediate (secretary, office clerk, call ctr) 3

- Senior manager or administrators & employer of 10+ 4
- Middle or junior managers & employer of 1-9 5
- Farmer 6
- Technical & craft (mechanic, inspector, plumber) 7
- Semi-routine manual & service (postal worker, machine operator, security guard, caretaker,
receptionist, sales assistant, waiter/waitress, barman, driver) 8
- Routine manual & service (cleaner, porter, packer,
messenger, labourer) 9

Section G – About You

Now some more questions about yourself

G1. [CARD G1] What is the highest level of education (full-time or part-time) which you have completed to date?

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

Second Level

- 3. Lower Secondary 3
(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).

- 4. Upper Secondary..... 4

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

- 5. Technical or Vocational qualification 5

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

Third Level

- 6. National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.. 6

(Non Degree)

- 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 Certificate or Diploma 10

- 11. Postgraduate Degree (Masters) 11

- 12. Doctorate (Ph.D) 12

[INTERVIEWER: ASK G2 ONLY IF G1 IS CODE 3 OR HIGHER]

G2. In what year did you get this qualification? _____

[INTERVIEWER: ASK G3 ONLY IF G1 IS CODE 5 OR HIGHER]

G3. What is the name of this qualification?

[INTERVIEWER: PLEASE RECORD AS MUCH DETAIL AS POSSIBLE]

[INTERVIEWER: ASK K1D ONLY IF K1A IS CODE 5]

G4. Did you complete your Upper Secondary education (Leaving Certificate/'A'Levels or equivalent) before gaining this qualification?

- Yes 1 No 2

[BLAISE CONDITION: ASK G5 –G7 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT PREVIOUS WAVE, NON-RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

G5. Many people have problems with reading. Can I just check, can you read aloud to a child from a children's story book written in your native language?

- Yes 1 No..... 2

G6. Can I just check, can you read aloud to a child from a children's story book written in English?

- Yes 1 No..... 2

G7. Can you usually read and fill out forms you might have to deal with in English?

- Yes 1 No..... 2

[BLAISE CONDITION: ASK G8 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT PREVIOUS WAVE, NON-RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

G8. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

Yes 1

No..... 2

G9. Are you a citizen of Ireland?

Yes..... 1

No 2

G10. What citizenship do you hold? _____

[ASK G11 – G13 IF NON RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

G11. Were you born in Ireland?

Yes..... 1

No 2

G12. In which country were you born? _____

G13. How long ago did you first come to live in Ireland?

Within the last
year
1

1-5 years
ago
2

6-10 years
ago
3

11-20 years
ago
4

More than 20
years ago
5

Don't
know
88

G14. [CARD G14] Looking at card G14, 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

G15. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?

Yes 1

No 2

G16. Do you participate in any ongoing community service activity? (e.g. volunteering at a school, coaching a sports team or working with a church or neighbourhood association)?

Yes..... 1

No 2

Time Section Ended

--	--	--	--

(24 hour clock)

B11. Secondary Caregiver Sensitive Questionnaire

GROWING UP IN IRELAND
STRICTLY CONFIDENTIAL

9-Year Infant Questionnaire

Secondary Caregiver – Sensitive Questionnaire

GROUP **HOUSEHOLD** **CHILD NUMBER**

Interviewer Name _____ **Interviewer Number**

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

We have a few final questions for you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return the questionnaire to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.** If, however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

X1. Are you male or female?

Male..... ₁ Female ₂

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

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

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

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

Yes..... ₁ No..... ₂ → **Go to S7**

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

Domestic..... ₁

Inter-country ₂

S4. Was this a within family adoption?

Yes ₁ No ₂

S5. From which country?

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

NOW PLEASE GO TO S12

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

Yes.....1 No.....2 → **Go to S12**

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

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

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

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

Another foster family1 Own family.....2 Institutional care3

NOW PLEASE GO TO S12

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status?

- Married and living with husband / wife1 **Go to S13a**
- Married and separated from husband / wife2 **Go to S13b**
- Divorced3 **Go to S13b**
- Widowed4 **Go to S13b**
- Never married (including living with partner)5 **Go to S15**

S13a. In what year did you marry your husband / wife? _____ (year) **Go to S16**

S13b. In what year did you marry your (former) spouse? _____(year)

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

S15. May I just check whether you are currently living with someone in the household as a couple?

Yes.....1 No2 **Go to S23**

S16. Since when have you and your spouse or partner been living together? _____(year)

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days.....1 → **Go to S18**
- At least once a week.....2 → **Go to S18**
- Less than once a week3 → **Go to S18**
- Hardly ever.....4 → **Go to S18**
- Never.....5 → **Go to S19**

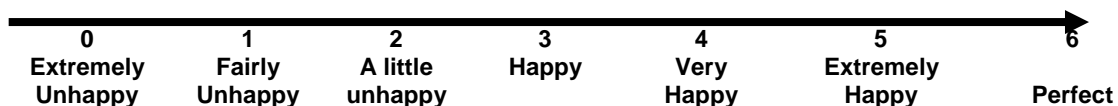
S18. When you and your partner argue, how often do you

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

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

- | | All the time | Most of
the time | More often
than not | Occasionally | Rarely | Never |
|-------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. You discuss or have considered divorce,
separation, or terminating your relationship..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| b. You think that things between you and your
partner are going well | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| c. You confide in your spouse/partner | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S20. The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.



S21. For each of the items below, please select the response that best describes the way you and your partner work together as parents.

	Not true of us		A little bit true of us		Some what true of us		Very true of us
	0	1	2	3	4	5	6
a. My partner asks my opinion on issues related to parenting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is easier and more fun to play with the child alone than it is when my partner is present too.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My partner tells me I am doing a good job or otherwise lets me know I am being a good parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My partner sometimes makes jokes or sarcastic comments about the way I am as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My partner does not trust my abilities as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My partner tries to show that she or he is better than me at caring for our child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. We often discuss the best way to meet our child's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. When all three of us are together, my partner sometimes competes with me for our child's attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My partner undermines my parenting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. My partner appreciates how hard I work at being a good parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. When I'm at my wits end as a parent, partner gives me extra support I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. My partner makes me feel like I'm best possible parent for our child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S22. We would like you to think about things you do when both you and your partner are physically present together with the Study Child (i.e. in the same room, in the car, on outings). Count only times when all three of you are together (even if this is just a few hours per week). How often in a typical week, when all 3 of you are together, do you (please tick one box on each line):

	Never		Sometim es (once or twice a week)		Often (once a day)		Very often (Several times a day)
	0	1	2	3	4	5	6
a. Find yourself in a mildly tense or sarcastic interchange with your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Argue with your partner <u>about your child</u> , in the child's presence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Argue about your relationship or marital issues <u>unrelated to your child</u> , in the child's presence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. One or both of you say cruel or hurtful things to each other in front of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Yell at each other within earshot of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S23. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <child> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

	Strongly Agree	Agree	Not sure	Disagree	Strongly disagree
a. Caring for my child sometimes takes more time and energy than I have to give.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The major source of stress in my life is my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Having a child leaves little time and flexibility in my life ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Having a child has been a financial burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S24. Of the following, please choose the ONE item that best describes how you feel about yourself as a parent. Do you feel that you are...

- Not very good at being a parent 1
- A person who has some trouble being a parent 2
- An average parent 3
- A better than average parent 4
- A very good parent..... 5

[BLAISE CONDITION: ASK ONLY OF FEMALE RESPONDENTS]

S25. Are you currently pregnant? Yes..... 1 No..... 2

S26. Which of the following best describes how often you usually drink alcohol?

- Never..... 1 **Go to S29**
- Less than once a month..... 2
- 1-2 times a month 3
- 1-2 times a week 4
- 3-4 times a week 5
- 5-6 times a week 6
- Every day 7

If currently drink alcohol between everyday and 1-2 times a week ask:
S27. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

- (a) Pints of Beer/Cider ____ (b) Glasses of Wine ____
- (c) Measures of Spirits ____ (d) Bottles of alcopops ____

For the following questions please consider that 1 drink = 1/2 pint of beer or 1 glass of wine or 1 single spirits

[BLAISE CONDITION: ASK S28a ONLY OF FEMALE RESPONDENTS]

S28a. 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 |

[BLAISE CONDITION: ASK S28b ONLY OF MALE RESPONDENTS]

S28b. 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 |

S28c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

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

S28d. How often during the last year have you failed to do what was expected of you because of drinking?

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

S28e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- No..... 1 Yes, on one occasion..... 2 Yes on more than one occasion..... 3

S29. 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

S30. About how many cigarettes or cigars do you smoke on average each day

_____ **[INTERVIEWER. ENTER '0' IF LESS THAN 1 ON AVERAGE]**

S31a. Including yourself, how many members of the household smoke cigarettes or cigars? ____ N

S31b. Do you currently use ‘vapes’ or e-cigarettes?

Daily₁ Occasionally₂ Not at all₃

S32a. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Yes, regularly ₁ Yes, occasionally.....₂ No, not at all.....₃

S32b. Do you use any other products (Sometimes described as “legal highs” or “headshop drugs”) such as “poppers”, “party pills” or “spice”?

Daily₁ Occasionally₂ Not at all₃

S33. Since the time of the last interview in [MM/YYYY], have you been treated by a medical professional for clinical depression, anxiety, ‘nerves’ or phobias?

Yes.....₁ No.....₂

S34. Are you currently taking medication for clinical depression, anxiety, ‘nerves’ or phobias?

Yes.....₁ No.....₂

S35. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
a. I felt I could not shake off the blues even with help from my family or friends.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. I felt depressed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. I thought my life had been a failure	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. I felt fearful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. My sleep was restless.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. I felt lonely.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. I had crying spells	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. I felt sad.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

S36. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?

Yes.....₁ No.....₂ → Go to S38

S37. Have you ever been to prison? Yes₁ No ₂

[BLAISE CONDITION: ASK ONLY IF RESIDENT SPOUSE/PARTNER]

S38. Thinking about how you and your spouse/partner look after the family and house, do you think that you do your fair share of the domestic tasks (e.g. housework, home maintenance, shopping and cooking)?

I do much less than my fair share₁ I do more than my fair share₄
I do less than my fair share₂ I do much more than my fair share₅
I do my fair share₃

[BLAISE CONDITION: ASK ONLY IF RESIDENT SPOUSE/PARTNER]

S39. Do you think that you do your fair share of the child-rearing tasks (both physical and emotional care)?

I do much less than my fair share₁ I do more than my fair share₄
I do less than my fair share₂ I do much more than my fair share₅
I do my fair share₃

S40. Can we check, does <child's> biological father/ mother live here with you or elsewhere?

- Lives here.....1 → **Go to S62**
Deceased.....2 → **Go to S62**
Temporarily lives elsewhere3 → **Go to S62**
Lives elsewhere4 → **Go to S41**

S41. Were you ever married to or did you ever live with <child's> biological father / mother?

- Yes, married to...1 Yes, lived with...2 No 3 **Go to S43** Adoptive / Foster parent 4 **Go to S62**

S42. What age was the Study Child when you split or separated from their biological father / mother?

Child's age _____ years

S43. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

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

S44. Briefly describe that arrangement

S45. How did you arrive at that arrangement?

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

S46. Is this written or verbal? Written1 Verbal2

S47. How far does <child's> biological father / mother live from here?

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

S48a. How often does <child> have face-to-face contact with his / her biological father / mother?

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

S48b. How often does <child> have other contact (not face-to-face)with his / her biological father / mother?

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

S49. On average, how often does <child> stay over or spend the night with his / her biological father / mother?

- 4 or more nights per week1 Monthly5
1 – 3 nights per week.....2 Less than once a month6
Fortnightly3 Never7

S50. Some children have trouble adjusting when they move from one parent to another. When child first returns from contact with his / her biological father / mother, which of the following best describes how he/she typically behaves.

- Over-excited and hard to settle for a long period (more than a few hours)1
Over-excited and hard to settle for a short period2
Relaxed and comfortable3
Withdrawn, sad or restless for a short period4
Withdrawn, sad or restless for a long period (more than a few hours).....5

S51. When child is about to leave to spend time with his / her biological father / mother, is he/she sad or distressed?

Yes - a little ..1 Yes – somewhat.....2 Yes – very.....3 No.....4 Don't know5

S52. Does <child's> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment.....1
 Yes, he/she makes a regular payment2
 Yes, he/she makes payments as required.....3

S53. How often do you talk to <child's> biological father/ mother about <child>?

	Several times a	About once	A few times a	Several times a	
Every day	week	a week	month	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

S54. How often do you disagree with <child's> biological father/ mother about basic child-rearing issues?

Never/Almost never <input type="checkbox"/> 1	Often..... <input type="checkbox"/> 4
Rarely..... <input type="checkbox"/> 2	Always/Almost always <input type="checkbox"/> 5
Sometimes <input type="checkbox"/> 3	Don't discuss <input type="checkbox"/> 6

S55. When you make major decisions about <child>, like medical treatment or choice of child care, how often do you ask <child's> biological father/ mother for his/her views?

Never/Almost never <input type="checkbox"/> 1	Often..... <input type="checkbox"/> 4
Rarely..... <input type="checkbox"/> 2	Always/Almost always <input type="checkbox"/> 5
Sometimes <input type="checkbox"/> 3	Don't discuss <input type="checkbox"/> 6

S56. How involved do you think <child's> biological father/ mother should be in <child's> life?

A lot more involved <input type="checkbox"/> 1	A little less involved..... <input type="checkbox"/> 4
A little more involved..... <input type="checkbox"/> 2	Much less involved..... <input type="checkbox"/> 5
Level of involvement is about right <input type="checkbox"/> 3	

S57. How often does <child's> biological father/ mother do any of these additional things:

	Often	Sometimes	Rarely	Never
a. Buy clothes, toys or presents for child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Pay for child's medical or dental bills, health insurance or medicines	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Give you extra money to help out, like pay the rent, household bills or car repairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Look after child when you need to do other things such as working, studying or attending appointments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

S58. How well do you get on with <child's> biological father/ mother? Would you say your relationship is?

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

S59. Does <child's> biological father / mother have any other children living with him/her at the moment?

Yes1 No.....2

S60. How many of these are:

	N
Full brothers / sisters of the Study Child	_____
Half brothers / sisters of the Study Child	_____
Other children (not related to Study Child)	

S61. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?

- Yes ₁
 No, I do not wish other parent to be contacted ₂
 No, I do not have contact details for other parent ₃



Please give contact details

S62. Thinking back to when you were 9 years old, how would you describe the relationship you had with your own mother (or other person fulfilling a maternal role) at that time?

- | | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------------------------------|---------------------------------------|
| Very close | Quite Close | Quite Distant | Very Distant | Mother deceased/
not living with
mother then | Can't remember |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |

S63. Thinking back to when you were 9 years old, how would you describe the relationship you had with your own father (or other person in a paternal role) at that time?

- | | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------------------------------|---------------------------------------|
| Very close | Quite Close | Quite Distant | Very Distant | Father deceased/
not living with
father then | Can't remember |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |

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

B12. Parent Living Elsewhere

Growing Up in Ireland – national longitudinal study of children

Infants at 9 years

Strictly Confidential

I5P

Questionnaire for Parent Living Elsewhere

Date: _____ day _____ month _____ year

Please Read This First

This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 1800 200 434 and ask for one of the *Growing up in Ireland* team.

First of all, we would like to ask you a few questions about the time you spend with the study child

Q1. How long is it since you last saw the Study Child? _____ days _____ weeks _____ months

Q2. How many nights do you and the Study Child spend together in a typical month? _____ nights

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

Q4. How long would an average or typical contact with the Study Child last? _____ days or _____ hours

Q5. How do you feel about the amount of time you spend with the Study Child? Please tick one of the following:

Nowhere near
enough

Not quite
enough

About right

A little too much

Way too much

 1

 2

 3

 4

 5

Q6. If you feel that you do not spend enough time with the Study Child, what do you think is the reason for this situation? If more than one reason, please tick the main reason.

Work commitments 1

Commitments to other family/new partner 2

Physical distance between self and child 3

Other parent is uncooperative 4

Court-imposed custody rules 5

Other 6

Q7. When you are spending time with the Study Child, where do you bring him or her? A list of places is given below. Please place a '1' beside the location where you spend most time, a '2' beside the next most used location and so on. If there are any locations that you do not visit, just leave them blank.

Rank

At your home _____

At the other parent's home _____

At another relative's home (e.g. child's grandparents)... _____

Recreational/amenity area (e.g. park, swimming pool).. _____

Shopping centre /cinema /McDonald's etc _____

Specific events (e.g. football match) _____

Other _____

Q8. Please tick one box below to indicate how you and your former spouse / partner arrived at the current arrangements for time spent with the Study Child?

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

Q9. Parents do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent, to do? Please rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

- Showing mychild love and affection _____
 Taking time to play with my child _____
 Taking care of my child financially _____
 Giving my child moral and ethical guidance _____
 Making sure mychild is safe and protected _____
 Teaching my child and encouraging his or her curiosity _____
 Other (specify) _____

Q10. We would like to get a sense of how you rate the quality of the time you spend with the Study Child. Please indicate a rating of between 1 and 5, where '1' is "excellent" and '5' is "very poor".

Excellent 1 2 3 4 5 Very Poor

Q11. Being a parent often involves performing routine tasks for the child. Please tick one box on each line to indicate how often you would normally do each of the following:

	Every day	At least once a week	At least once a month	Rarely or never
Prepare food for the child at home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Put the child to bed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Help the child with his/her homework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Take the child to doctor/dentist/hairdresser etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Take the child to or from school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

We would like to record some information about the kind of financial support you provide for the Study Child and his or her household.

Q12. Do you pay anything directly towards the rent or mortgage due on the Study Child's home (i.e. the house or apartment where the Study Child resides with his or her other parent NOT your own home)?

- Yes, I pay the full amount due ₁ No, I don't pay towards the rent or mortgage directly..... ₃
 Yes, I pay a contribution ₂ There is no rent or mortgage owing on the home..... ₄

Q13. If you pay all or part of the mortgage or rent, how much do you pay per month? €_____per month

Q14. Do you provide financial support to the Study Child's other parent (other than direct rent or mortgage)?

- Never ... ₁
 Yes..... ₂ **a regular payment to the value of €_____per month (excluding direct rent/mortgage payment)**
 Yes..... ₃ **on an as-required basis (e.g. Christmas) to the value of €_____ per year**

Q15. If you give a regular payment as in Q14 above, how did you decide on the amount/schedule? (Please tick one box only)

- Your decision ₁
 Mutual agreement with other parent ₂
 Legally imposed arrangement ₃

Q16. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally "being there" when needed, etc?

Never1 Yes, occasionally2 Yes, frequently.....3

Q17. What was the status of your relationship with the Study Child's other parent when she/you became pregnant with the study child? (Please tick one box only).

Married and living together1 Going out but not living together.....5
 Cohabiting/living as married2 Just friends6
 Separated3 No relationship7
 Divorced4

Q18. What age was the Study Child when you separated from his/her other parent for the first time?

AGE: _ months OR ___years OR

Had separated before birth1 OR Never lived with other parent.....2

Q19. [For fathers only] Are you named on the Study Child's birth certificate?

Yes1 No2 Not sure3

Q20. [For fathers only] If you have never been married to the Study Child's mother have you applied for guardianship?

No1 Yes, through mother only ... |.2 | Yes, through court ... |.3

Q21. If yes, was this application successful?	Yes..... <input type="checkbox"/> 1	No..... <input type="checkbox"/> 2	Ongoing..... <input type="checkbox"/> 3
------------------------------------------------------	-------------------------------------	------------------------------------	-----------------------------------------

Q22. How often do you talk about the Study Child with his/her other parent?

Every day1 A few times a month4
 Several times a week2 Several times a year5
 About once a week3 Not at all6

Q23. How well do you get on with the Study Child's other parent? Would you say your relationship is . . . ?

Very positive Somewhat positive Neutral Somewhat negative Very negative
1 2 3 4 5

Q24. Often parents have to make major decisions concerning the Study Child, such as about health care. Please indicate the degree of influence you feel you have in major decisions concerning the Study Child:

A lot of influence Some influence No influence Don't know
1 2 3 4

Q25. Do you want to be involved in raising the Study Child in the coming years?

Yes.....1 No2 Not sure3

Q26. How often do you feel the following ways or do the following things?

For each item, mark (X) one response

	All of the time	Some of the time	Rarely	Never
a. You talk a lot about your child to your friends and family.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. You carry pictures of your child with you wherever you go.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. You often find yourself thinking about your child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. You think holding and cuddling your child is fun.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. You think it's more fun to get your child something new than to get yourself something new	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Finally, we just have a few questions about you.

Q27. What is your date of birth? (DD/MM/YYYY) _____(day)_____(mth)_____(yr)

Q28. How old were you when your first ever child was born? _____years

Q29. How would you describe your current employment status?

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

Q30. What is (was) your occupation in your main job? Please describe as fully as possible.

Q31. What is the highest level of education that you have completed? (Please tick one box only)

- | | | | |
|-----------------------------------|----------------------------|---------------------------|----------------------------|
| No formal education | <input type="checkbox"/> 1 | Certificate | <input type="checkbox"/> 6 |
| Primary | <input type="checkbox"/> 2 | Diploma | <input type="checkbox"/> 7 |
| Junior Cert. or equivalent | <input type="checkbox"/> 3 | Degree | <input type="checkbox"/> 8 |
| Leaving Cert. or equivalent | <input type="checkbox"/> 4 | Postgraduate Degree | <input type="checkbox"/> 9 |
| Trade Qualification | <input type="checkbox"/> 5 | | |

Q32. Which of the following best describes your current marital status?

- | | | | |
|----------------------------------------|----------------------------|---------------------------------------|----------------------------|
| Single | <input type="checkbox"/> 1 | Separated | <input type="checkbox"/> 4 |
| First marriage (or cohabitation) | <input type="checkbox"/> 2 | Divorced | <input type="checkbox"/> 5 |
| Remarried (or cohabitating) following | | Widowed | <input type="checkbox"/> 6 |
| divorce | <input type="checkbox"/> 3 | Remarried (or cohabitating) following | |
| | | widowhood | <input type="checkbox"/> 7 |

Q33. Are you currently living with a partner?

- Yes1 No.....2

Q34. If yes, how long have you been in this relationship? _____years or _____months

Q35. How many other children (not including the Study Child) do you have? Please write in the number of children

None..... 1 _____ by same parent as Study Child's _____by a different partner(s)

Q36. What nationality are you? _____

Q37. If you are NOT Irish, how long have you been living in Ireland? _____years OR _____months

Q38. How would you describe your general state of health?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Excellent | Very good | Good | Fair | Poor |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 1800 200 434**

C1. Teacher-on-Pupil Questionnaire

Growing Up in Ireland – the national longitudinal study of children

STRICTLY CONFIDENTIAL

TEACHER-ON-PUPIL QUESTIONNAIRE – INFANTS AT 9 YEARS OF AGE

Growing Up in Ireland is a major government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child’s development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

The Department of Children and Youth Affairs is funding the study in association with the Central Statistics Office. A contribution is also being made by The Atlantic Philanthropies. The Department of Education and Science is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin is carrying out the study.

All information provided will be treated in the strictest confidence. No one, other than the Study Team, will see the information you complete about the child. This information will not be seen by the child or by his / her parents / guardians.

An information sheet outlining in more detail the objectives of the study accompanies this questionnaire.

School ID (from blue sheet with list of pupils’ names)

--	--	--	--

Pupil ID (from blue sheet with list of pupils’ names)

--	--

Pupil’s DoB (from blue sheet with list of pupils’ names)

Day		Month		Year	

Teacher’s name (block capitals please) _____

Completion Date: _____ day _____ month _____ year

1. Study Child's date of birth _____ day _____ mth _____ year
2. Study Child's gender Male ₁ Female ₂
3. What class (school year) is the study child in? _____ Class
4. For how many school years (including the 2016/2017 school year) have you taught the Study Child?
[If only for the current school year please record as 1 year] _____ year(s)
5. About how many days of school has the Study Child missed since the beginning of the current school year?
_____ Days
6. Since the beginning of the academic year, in your opinion how often has the Study Child arrived for school:

		Never	Rarely	Sometimes	Often	Always
a)	inadequately dressed for the weather conditions?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b)	too tired to participate as he / she should in class?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c)	without a lunch / snack?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d)	hungry?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e)	with a general lack of cleanliness?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f)	late?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g)	unwell/suffering from a minor ailment?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

7. How often does the Study Child arrive at school with homework not completed?
(Please tick **one** only).

1.	Never, - homework always or almost always completed	<input type="checkbox"/> ₁
2.	Occasionally not completed	<input type="checkbox"/> ₂
3.	Regularly not completed	<input type="checkbox"/> ₃
4.	Not applicable, Study Child never / rarely gets homework	<input type="checkbox"/> ₄

8. In the Study Child's class, is there within-class ability grouping for reading/literacy?

Yes ₁ No ₂

9. Which group is the Study Child in? Highest <input type="checkbox"/> ₁ Middle..... <input type="checkbox"/> ₂ Lowest..... <input type="checkbox"/> ₃

10. In the Study Child's class, is there within-class ability grouping for maths?

Yes ₁ No ₂

11. Which group is the Study Child in? Highest <input type="checkbox"/> ₁ Middle..... <input type="checkbox"/> ₂ Lowest..... <input type="checkbox"/> ₃

12. In so far as your professional experience allows, please rate the Study Child in relation to all children of this age (not just in their present class or, even, school).

		Well above Average	Above average	Average	Below average	Well below average	NA
a)	Speaking and listening in English	<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)	Speaking and listening in Irish	<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)	Reading in English	<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)	Reading in Irish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e)	Writing in English	<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)	Writing in Irish	<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)	Science	<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)	Maths and numeracy	<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)	Physical Education (PE)	<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)	Arts (e.g. art/design, music, drama)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

13. Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please mark the box for 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 your answers on the basis of the child's behaviour over the last six months or this school year

		Not True	Somewhat True	Certainly True
a)	Considerate of other people's feelings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b)	Restless, overactive, cannot stay still for long	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c)	Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d)	Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e)	Often has temper tantrums or hot tempers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f)	Rather solitary, tends to play alone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g)	Generally obedient, usually does what adults request	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h)	Many worries, often seems worried	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i)	Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j)	Constantly fidgeting or squirming	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k)	Has at least one good friend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l)	Often fights with other children or bullies them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
m)	Often unhappy, down-hearted or tearful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
n)	Generally liked by other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
o)	Easily distracted, concentration wanders	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
p)	Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
q)	Kind to younger children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
r)	Often lies or cheats	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
s)	Picked on or bullied by other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
t)	Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
u)	Thinks things out before acting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
v)	Steals from home, school or elsewhere	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
w)	Gets on better with adults than with other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
x)	Many fears, easily scared	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
y)	Sees tasks through to the end, good attention span	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

14. Does the Study Child's parent(s) / guardian(s) attend parent / teacher meetings? Yes.....₁ No.....₂

15. Would you say the Study Child:

		Yes	No
a)	Shows an interest in classroom activities through observations or participation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b)	Dresses, undresses, and manages own personal hygiene with adult support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c)	Displays high levels of involvement in self-chosen activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d)	Dresses and undresses independently and manages own personal hygiene	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e)	Selects and uses activities and resources independently	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f)	Continues to be interested, motivated, and excited to learn	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g)	Is confident to try new activities, initiate ideas, and to speak in a familiar group	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h)	Maintains attention and concentrates	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i)	Sustains involvement and perseveres, particularly when trying to solve a problem or reach a satisfactory conclusion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

16. With regard to the Study Child's education, how interested do the Study Child's parents/guardians appear to be?

	Very Interested	Moderately Interested	Very little Interested	Uninterested	Cannot say	N/a
Mother appears to be	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Father appears to be	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

17. How often do the following happen?

		Daily	At least once a week	At least twice a month	Monthly	Less often	Never once
a)	You meet informally with the child's mother/father	<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)	The child's mother/father talks to you about the child's behaviour	<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)	The child's mother/father talks to you about the child's schoolwork	<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)	You ask the child's mother/father to come to the school to discuss the child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e)	The child's mother/father encourages the child's learning at home (e.g. reading with them)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

18. Please reflect on the degree to which each of the following statements currently applies to your relationship with the Study Child. Using the scale below, tick the appropriate box for each item.

		Definitely does apply	Does not really apply	Neutral, not sure	Applies somewhat	Definitely does not apply
a)	I share an affectionate, warm relationship with this child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b)	This child and I always seem to be struggling with each other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c)	If upset, this child will seek comfort from me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d)	This child is uncomfortable with physical affection or touch from me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e)	This child values his/her relationship with me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f)	When I praise this child, he/she beams with pride	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g)	This child spontaneously shares information about him/herself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h)	This child easily becomes angry with me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i)	It is easy to be in tune with what this child is feeling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j)	This child remains angry or is resistant after being disciplined	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k)	Dealing with this child drains my energy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l)	When this child is in a bad mood, I know we're in for a long and difficult day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m)	This child's feelings toward me can be unpredictable or can change suddenly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n)	This child is sneaky or manipulative with me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o)	This child openly shares his/her feelings and experiences with me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
p)	Shows an interest in classroom activities through observations or participation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
q)	Dresses, undresses, and manages own personal hygiene with adult support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
r)	Displays high levels of involvement in self-chosen activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
s)	Dresses and undresses independently and manages own personal hygiene	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
t)	Selects and uses activities and resources independently	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
u)	Continues to be interested, motivated, and excited to learn	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
v)	Is confident to try new activities, initiate ideas, and to speak in a familiar group	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
w)	Maintains attention and concentrates	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
x)	Sustains involvement and perseveres, particularly when trying to solve a problem or reach a satisfactory conclusion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

19. Do any of the following limit the kind or amount of activity the Study Child can do at school? (Please tick 'Yes' or 'No' for each)

	Yes	No
a) Physical disability or visual or hearing impairment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Speech impairment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) Autism spectrum disorders	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) General learning disability: mild	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) General learning disability: moderate/severe/profound	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f) Specific learning difficulties (e.g. dyslexia)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g) Emotional or behavioural problem	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h) (e.g. Attention Deficit (Hyperactivity) Disorder – ADD, ADHD)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i) Home environment / problems at home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j) Has limited knowledge of the main language of instruction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
k) Discipline problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
l) Poor attendance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
m) Other (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

20. If you answered 'yes' to any of the questions at Q.19 above: Does the Study Child receive special help or resources in the school because of this (these) limitation(s)?

Yes.....₁ No.....₂ Don't know.....₃

21. If yes, what extra services has the Study Child received that are specifically provided through school to support his/her learning? (Please tick **all** that apply)

- | | | | |
|-----------------------------------------|---------------------------------------|--------------------------------------------------|---------------------------------------|
| Speech therapy | <input type="checkbox"/> ₁ | Special Needs Assistant | <input type="checkbox"/> ₅ |
| Psychological assessment | <input type="checkbox"/> ₂ | Support for English as an additional language .. | <input type="checkbox"/> ₆ |
| Behavioural management programmes | <input type="checkbox"/> ₃ | Occupational therapy | <input type="checkbox"/> ₇ |
| Learning support / resource teaching | <input type="checkbox"/> ₄ | Assistive technology..... | <input type="checkbox"/> ₈ |
| | | Other (please specify)_____ | <input type="checkbox"/> ₉ |

Thank you for completing this questionnaire about the Study Child.

When you have completed both your Teacher-on-Self and all the Teacher-on-Pupil questionnaires, please seal them in the enclosed envelope and give them to the Principal, for return to the Economic and Social Research Institute (ESRI).

C2. Teacher-on-Self Questionnaire

Growing Up in Ireland – Survey of 9-year-olds

STRICTLY CONFIDENTIAL

TEACHER-ON-SELF QUESTIONNAIRE

Growing Up in Ireland is a major government study on children. The project examines how children develop over time and helps to identify which factors make for a healthy and happy childhood or for a less happy one. The results of the study are being used by government to develop policies and interventions to support children and their families in the future.

All information provided will be treated in the strictest confidence. No one, other than the Study Team, will see the information you complete about the child. This information will not be seen by the child or by his/her parents/guardians.

School ID (from blue sheet with list of pupils' names)

--	--	--	--

Teacher's name (block capitals please) _____

Completion Date: _____ day _____ month _____ year

1. Are you male or female? Male₁ Female.....₂
2. To which age group do you belong?
20 - 29 yrs₁ 30 - 39 yrs₂ 40 - 49 yrs₃ 50 - 59 yrs₄ 60yrs or older₅
3. How many years have you been teaching at primary school level? _____ years
4. How long have you been teaching in this school? _____ years
5. Which of the following qualifications do you hold? [Please tick **all** that apply]

A primary school teaching diploma or certificate, or other primary school qualification	<input type="checkbox"/> ₁
A primary degree in education (B.Ed)	<input type="checkbox"/> ₂
A primary degree in another subject	<input type="checkbox"/> ₃
A postgraduate diploma in education	<input type="checkbox"/> ₄
A qualification in learning support, special education or resource teaching	<input type="checkbox"/> ₅
A higher degree in education (PhD, Masters etc.)	<input type="checkbox"/> ₆
A higher degree in another subject (PhD, Masters etc.)	<input type="checkbox"/> ₇
Other [please specify] _____	<input type="checkbox"/> ₈

6. Did you do any continuing professional development (in-service training or upskilling) in the last 12 months?

Yes₁ No₂

7. How many days or hours of professional development did you do? _____ days _____ hours

8. Within your regular classroom, how many children are there in each year group? If you do not teach a particular year group, write 'none' in the total row.

Class	Junior Infants	Senior Infants	First Class	Second Class	Third Class	Fourth Class	Fifth Class	Sixth Class
<i>Number of pupils</i>								
Boys								
Girls								
Total								

OR I teach a particular subject(s) and do not have a regular classroom ₅₅

9. In this school, are children allocated to their class on the basis of their ability, achievement or special educational need?

Yes ₁ No ₂

10. If yes, which class do you teach?

Higher ability ₁ Lower ability ₃

Middle/average ability ₂ Special class ₄

11. In your opinion, how many children in your classroom (including the Study Child if relevant) have any of the following long-term challenges? (Some children may belong to more than one category)

- a) A limited knowledge of the main language of instruction _____ children
- b) An emotional or behavioural problem _____ children
- c) A learning / intellectual disability children _____ children
- d) A physical / sensory disability _____ children

12. In a typical week, would you have any Special Needs Assistants working with you in the Study Child's classroom?

Yes ₁ No ₂

13. For approximately how many hours per week? _____ hours per week

14. Approximately how many hours per week does the Study Child's class spend on each of the following subjects, within normal school hours? Your best estimate is fine. If the class does not receive instruction in a subject, please write 'none'.

Subject	No. of hours per week	Subject	No. of hours per week
English	hrs/wk	Social Personal Health Education (SPHE)	hrs/wk
Gaeilge	hrs/wk	Physical Education	hrs/wk
Maths	hrs/wk	Drama	hrs/wk
History	hrs/wk	Visual Arts	hrs/wk
Geography	hrs/wk	Other 1 (specify)	hrs/wk
Science	hrs/wk	Other 2 (specify)	hrs/wk
Religion	hrs/wk	Other 3 (specify)	hrs/wk
Music	hrs/wk	Other 4 (specify)	hrs/wk

15. Is there an interactive whiteboard in your CLASSROOM? Yes ₁ No ₂

16. Do the children in the Study Child's class use a computer or other electronic device to access the Internet?

Yes ₁ No ₂

17. Below we have a number of statements about teaching. Please indicate how frequently the following things happen in the Study Child's class

	Never or Almost never	Some days	Most days	Every day
a) Pupils copy notes from the board in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b) Pupils work in pairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c) Pupils work individually in class using their textbook or worksheets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d) Homework is checked in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e) Pupils interact in class by listening, discussing and taking turns in conversations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f) Homework is taken up for correction	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g) Pupils work in groups in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h) You ask pupils questions in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i) Pupils ask you questions in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j) Pupils ask each other questions in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k) You read aloud to pupils	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l) Pupils suggest subjects or topics to be covered in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m) Pupils are encouraged to find things out for themselves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n) You use video or audio recordings in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o) You use play to facilitate pupil learning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p) Pupils use computer facilities in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q) You use a computer/interactive whiteboard to show something to the pupils	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r) Pupils themselves use computers or other electronic equipment (e.g. iPads) in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s) Pupils engage in physical play (such as running, jumping, skipping etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t) You provide differentiated activities, as appropriate, to pupils	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
u) Pupils get the opportunity to engage in hands-on activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
v) The pupil's experience and their environment is the starting point for learning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
w) You address learning outcomes across a number of subjects at the same time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
x) You teach pupils as a whole class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
y) Pupils play games related to maths/numbers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
z) You discuss new or difficult vocabulary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

18. On average, how many nights per week do you set homework for the children in the Study Child's class?

_____ Nights

19. On a typical evening during the week, how much time do you expect children in the Study Child's class to spend on homework?

- | | | | |
|-----------------------|----------------------------|-----------------------------|----------------------------|
| None | <input type="checkbox"/> 1 | 31- 60 mins | <input type="checkbox"/> 4 |
| 15 mins or less | <input type="checkbox"/> 2 | 1 - 1hr 30 mins | <input type="checkbox"/> 5 |
| 16-30 mins | <input type="checkbox"/> 3 | More than 1hr 30 mins | <input type="checkbox"/> 6 |

20. How often would you assess your pupil's progress using:

	Weekly	Twice a month	Monthly	Every term	Never/Almost Never
a) Teacher observations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b) Teacher-designed tasks and tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c) Work samples, portfolios or projects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d) Teacher's questions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

21. Do you use the results of this assessment in the planning of your teaching?

Yes₁ No₂

22. How much control do you feel you have in your school over the following areas:

		No control	Slight control	Some control	Moderate control	A great deal of control
a)	selecting subjects to be taught	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b)	deciding about the content of subjects to be taught	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c)	deciding about teaching techniques	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d)	choosing textbooks and other learning materials	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e)	disciplining children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f)	selecting the year group you teach	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

23. Below we have list of statements about pupils. Please indicate if you feel each is true of nearly all, more than half, less than half, or only a few pupils in the school.

	<i>Pupils, in general;</i>	Nearly all	More than half	Less than half	Only a few
a)	Enjoy being at school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b)	Are well-behaved in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c)	Show respect for their teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d)	Are rewarding to work with	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e)	Are well behaved in the playground/school yard	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

24. In general, what proportion of parents attend:

		Nearly All	More than half	Less than half	Only a few	Not Applicable
a)	Parent-teacher meetings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b)	Other meetings organised by the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

25. What proportion of parents would approach you informally to discuss their child's progress?

Nearly all₁ More than half₂ Less than half₃ Only a few₄

26. What are the main challenges facing you as a teacher? _____

27. In general terms:

Very Fairly Not very Not at all

a) How **stressed** do you feel by your job?₁.....₂.....₃.....₄

b) How **satisfied** do you feel with your job?₁.....₂.....₃.....₄

Thank you very much for having completed this part of *Growing Up In Ireland*

We would now like you to complete a questionnaire (one of the green ones) in respect of each Study Child who has been selected from your class for inclusion in the project.

When you have finished all your questionnaires please seal them in the enclosed envelope and return the sealed envelope to the Principal for return of all questionnaires in the school to the Economic and Social Research institute (ESRI).

C3. The Principal's Questionnaire



Growing Up in Ireland – Survey of 9-years-olds

STRICTLY CONFIDENTIAL

PRINCIPAL'S QUESTIONNAIRE

Growing Up in Ireland is a major government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child's development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

The Department of Children and Youth Affairs is funding the study in association with the Central Statistics Office. A contribution is also being made by The Atlantic Philanthropies. The Department of Education and Science is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin is carrying out the study.

All information provided will be treated in the strictest confidence. No one, other than the Study Team, will see the information you complete about the child. This information will not be seen by the child or by his / her parents / guardians.

An information sheet outlining in more detail the objectives of the study accompanies this questionnaire.

School ID (from blue sheet with list of pupils' names)

--	--	--	--

Completion Date: _____ day _____ month _____ year

1. Are you male or female? Male₁ Female₂

2. To which age group do you belong?

20 - 29 yrs₁ 30 - 39 yrs₂ 40 - 49 yrs .₃ 50 - 59 yrs₄ 60 yrs or older.....₅

3. For how many years have you been a Principal:

(a) in this school _____ years (b) in other Primary School(s)? _____ years

4. Which of the following qualifications do you hold? [*Please tick all that apply*]

- A primary school teaching diploma or certificate, or other primary school qualification₁
- A primary degree in education (B.Ed)₂
- A primary degree in another subject₃
- A postgraduate diploma in education₄
- A qualification in learning support, special education or resource teaching₅
- A higher degree in education (PhD, Masters etc.)₆
- A higher degree in another subject (PhD, Masters etc.)₇
- Other [please specify].....₈

5. Did you do any continuing professional development (in-service training or up-skilling) in the last 12 months?

Yes ₁ No..... ₂

6. How many days or hours of professional development did you do? _____ days _____ hours

7. What is the school's DEIS status?

- DEIS – Urban Band 1₁
- DEIS – Urban Band 2.....₂
- DEIS – Rural.....₃
- Non-disadvantaged₄

8. Is this a private fee-paying school? Yes₁ No₂

9. Does the school receive voluntary contributions from parents? Yes ₁ No ₂

10. If yes, how much is each family asked to give? € _____

11. What proportion of parents pay? _____%

12. How many boys and how many girls were enrolled in the school on 30th September 2016?

Boys _____ Girls _____ Total Pupils _____

13. In addition to your duties as Principal, do you have a teaching class assigned to you?

Yes₁ No₂

14. How many *full-time* and *part-time* teachers work in this school? Please indicate how many are male and how many are female. (Please include the Principal among the teaching staff.)

<i>Teachers</i>	<i>Full-time</i>	<i>Part-time</i>
Male		
Female		
Total		

15. Excluding yourself, how many *full-time* and *part-time* administrative staff work in your school? (Please include the Principal among the teaching staff.)

Full-time admin. staff _____ Part-time admin. staff _____ [If none, please write none. Do not leave blank]

16. Approximately how many staff does your school currently have in the following capacities? Please indicate the number employed on a full-time and part-time basis.

		Full-time	Part-time
a)	Learning support/resource teachers		
b)	Language support teachers		
c)	Special needs assistants		
d)	Other teaching assistants		

17. How many rooms (including prefabs, etc) are used as classrooms in the school? _____ classrooms

18. Of these, how many portable classrooms (prefabs) are there in the school? _____ portable classrooms

19. How many classes (across all year-groups) are there in the school? _____ classes

20. Approximately how many children is the school designed for? _____ children

21. In what year was the school built? _____ year

22. In what year was the school most recently refurbished? _____ year never 9

23. How would you rate 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)	Books and worksheets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d)	Computing facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e)	Broadband access	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f)	Arts and crafts facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g)	Sports facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h)	Music facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i)	Playground	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j)	Mathematics resources/facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k)	Library/media centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l)	Staff room	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m)	Toilet facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n)	Learning support provision	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o)	After-school facilities (e.g. homework clubs)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p)	Administrative support	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q)	Condition of the school building, classrooms etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r)	Facilities for children with special needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s)	Provision of Special Needs Assistants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t)	Provision of English as Additional Language	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

24. Does the school have a Home-School Community Liaison Co-ordinator? Yes.....1 No 2

25. Does the school provide a 'breakfast club'?

Yes, every day ₁ Yes, some days ₂ No ₃

26. Is this provided under DEIS? Yes ₁ No ₂

27. Does the school provide **free** school meals at lunchtime?

Yes, every day ₁ Yes, some days ₂ No ₃

28. Is this provided under DEIS? Yes ₁ No ₂

29. Does the school have the following facilities or services?

		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

30. Approximately how many computers (PCs, laptops, tablets etc.) in total does the school have? _____ computers

31. Of these, how many can be used **by the pupils**, i.e. excluding those used **solely** by administrative or teaching staff? _____ used by the pupils

32. What proportion of students use an individual device for educational purposes in the classroom?

Tick one box for each row. Devices may be provided by either the school or pupil's own.

	Most/all	More than half	About half	Less than half
Laptops, Netbooks, Mini-notebooks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Tablets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Mobile phones/smartphones	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Other device, please specify _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

33. Does the school have a dedicated computer room for pupils? Yes ₁ No ₂

34. Are the school buildings and other facilities (playing fields, etc if relevant) open to the local community?

		Yes	No
a)	In the evenings during the week	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b)	At weekends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c)	Out of term time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

35. For each of the following extracurricular activities, (a) are they provided in your school for pupils, either at lunchtime or after school hours, and (b) are they provided under either DEIS or the School Completion Programme (SCP)?

	(a)		(b)		
	Provided in school		If yes, Provided under:		
	No..... <input type="checkbox"/> _2	Yes ... <input type="checkbox"/> _1	DEIS	SCP	Neither
(a) Team sports (e.g. football)	No..... <input type="checkbox"/> _2	Yes ... <input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
(b) Individual sports (e.g. judo, running)	No..... <input type="checkbox"/> _2	Yes ... <input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
(c) Music/dance	No..... <input type="checkbox"/> _2	Yes ... <input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
(d) Drama	No..... <input type="checkbox"/> _2	Yes ... <input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
(e) Arts/crafts	No..... <input type="checkbox"/> _2	Yes ... <input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
(f) Computers/technology	No..... <input type="checkbox"/> _2	Yes ... <input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
(g) Homework club	No..... <input type="checkbox"/> _2	Yes ... <input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
(h) Other activities/clubs	No..... <input type="checkbox"/> _2	Yes ... <input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3

36. 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)	Involvement with the community	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
f)	Involvement with parents / guardians	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
g)	Social justice / concern for disadvantaged	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
h)	Environmental awareness	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
i)	Irish language and culture	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

37. Approximately how many of each of the following groups of pupils do you have in your school?

If none, please write 'NONE' – do not leave blank. The same child can be recorded more than once.

- a) Pupils from an immigrant background.....(Number) _____
- b) Pupils of families from the Travelling Community(Number) _____
- c) Pupils whose native language is other than English / Irish (Number) _____
- d) Pupils with physical / sensory disabilities(Number) _____
- e) Pupils with learning / intellectual disabilities.....(Number) _____

38. Approximately, what was the *Average Daily Attendance* for your school in the academic year 2015 / 2016?

_____ % Average Daily Attendance OR _____ Average number attending daily

39. What percentage of pupils missed 20 days or more in the in the academic year 2015 / 2016 (as per the figures the school returned to the NEWB)?

_____ %

40. Approximately what percentage of the pupils in your school would you say come from the immediate area, that is, live within about 20 minutes' walking distance of the school?

_____ %

41. Please indicate which of the following get involved in supporting children with emotional / behavioural problems in your school. [Please tick **all** that apply].

- Principal_1
- Classroom teacher_2
- Learning support / resource teacher_3
- Other staff member_4
- External assistance (please specify)....._5

42. In your assessment, approximately what proportion of pupils in the school would have such literacy, numeracy, or emotional-behavioural difficulties as to adversely affect their educational development? Please tick one box on each line to indicate approximate percentage.

Approximate percentage of children with each problem

		None	less than 10%	10-25%	26-40%	More than 40%
a)	Literacy problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b)	Numeracy problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c)	Emotional / Behavioural problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

43. Over the past five years, has the number of pupils coming to this school

Increased₁ Decreased.....₂ Remained fairly stable₃

44. Are there any other local schools to which pupils in your school might go? Yes₁ No₂

45. In general, do more pupils apply to come to this school than there are places available?

Yes.....₁ No₂

46. What criteria are used to admit pupils? [Please tick **all** that apply]

Designated catchment area₁

Other siblings in the school₂

Parents attended the school.....₃

Language(s) spoken by child₄

Date of application₅

Religion₆

Other (please specify).....₇

47. If there is more than 1 class in any year-group, on what basis are pupils in the school allocated to classes? [Please tick **all** that apply]

Randomly/alphabetically₁

Performance on standardised tests₂

Performance on other tests.....₃

Special educational need/disability₄

Other (please specify)₅

Only 1 class per year-group₆

48. Does the school hold formal parent-teacher meetings at least once per year? Yes₁ No₂

49. Approximately what percentage of parents attend parent-teacher meetings? _____ per cent

50. To what extent are parents actively encouraged to get involved in the life of the school in:

A lot A little Not at all

a) **Curricular activities e.g. participation in reading / maths groups, support for specific area of curriculum (e.g. SPHE)**₁.....₂.....₃

b) **Extra-curricular activities**₁.....₂.....₃

51. Below we have a list of statements. Thinking about *all* pupils in the school, please indicate if you feel each is true of nearly all, more than half, less than half, or only a few pupils in the school.

	Pupils, in general	Nearly all	More than half	Less than half	Only a few
a)	Enjoy being at school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b)	Are well-behaved in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c)	Show respect for their teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d)	Show respect for their peers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e)	Are rewarding to work with	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f)	Are well behaved in the playground/school yard	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g)	Settle into junior infants quickly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h)	Feel they are an important part of the school community/school life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

52. Does the school have a written Code of Behaviour (discipline policy)?

Yes ₁ No ₂

53. To what extent were the following involved in developing this policy?

	To a great extent	To some extent	Not at all
a) Teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b) Parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c) Pupils	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d) Board of Management	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

54. In addressing inappropriate behaviour in your school, 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)	Cancellation of popular lesson e.g. art	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i)	Warning card system	<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

55. To what extent is bullying a problem in your school?

A major problem ₁ A minor problem ₂ No problem at all ₃

56. Please indicate the extent to which you believe each of the following to be true of teachers, in general, in your school.

		True of Nearly all	True for more than half	True for less than half	True of only a few
a)	Teachers are positive about the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b)	Teachers get a lot of help and support from colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c)	Teachers are open to new developments and challenges	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d)	Teachers are eager to take part in professional development	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

57. What are the main challenges facing you as a Principal? _____

58. In general terms:

Very Fairly Not very Not at all

a) How **stressed** do you feel by your job? ₁ ₂ ₃ ₄

b) How **satisfied** do you feel with your job? ₁ ₂ ₃ ₄

59. Does your school administer standardized tests of the children's ability, such as the Drumcondra or MICRA-T tests?

Yes ₁ No ₂

60. Which tests do you use for the children in 2nd and 3rd class?

	2 nd Class	3 rd Class
Drumcondra Reading	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Drumcondra Maths	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
MICRA-T	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SIGMA-T	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

61. Would you be prepared to provide the most recent test scores to Growing Up in Ireland for children whose parents consent for the information to be shared?

Yes ₁ No ₂ Not sure ₃

Thank you very much for having completed this part of *Growing Up in Ireland*.

Please collect the sealed envelopes containing their completed questionnaires from the teachers involved in this Study and return all questionnaires to the Economic and Social Research Institute (ESRI), using the enclosed freepost plastic envelope.

Again, many thanks to you and your staff for your help in this very important study of children.