

## ***Growing Up in Ireland***

**Strictly Confidential**

**Young Adult Main Questionnaire – 20-year-olds**

Area  Household  Young Adult number

Interviewer Name \_\_\_\_\_ Interviewer Number

Date \_\_\_\_\_  
day month year

Thank you for helping us by participating in this important study. Today's interview updates information you and your family provided before and will tell us what life is like for a 20-year-old in Ireland today.

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.

We will not tell anyone the answers to your questions. But if you tell us something other than in answer to direct survey questions that makes us worried about you, then we might have to tell someone who can help.

X1. Respondents' gender: Male.....☐<sub>1</sub> Female .....☐<sub>2</sub>

X2. Respondents' date of birth? day  month  year

**COMPLETE HOUSEHOLD COMPOSITION ON PAPER– IF YOUNG ADULT LIVING IN OWN HOUSEHOLD**

## 20-year-old's Household Composition (Non-Parental Address)

**HC1. Do you live on a regular basis at an address other than your Parental Address – this could be your Main Residential Address or a temporary or part-time address such as a student or work address.**

Yes, I have another, non parental address ..... ☐<sub>1</sub> →Go to HC2

No, I do not have another, non-parental address..... ☐<sub>2</sub> →Go to A1

**HC1b. [INTERVIEWER]: Is the interview taking place at the 20-year-old's Parental Home or at Another, non-parental address?**

Parental Home ..... ☐<sub>1</sub>

Another, non-parental address..... ☐<sub>2</sub>

**HC2. Do you consider your Parental address or your other temporary or part-time address as you current Main Residential Address?**

Parental address..... ☐<sub>1</sub>

Other, Non-Parental address ..... ☐<sub>2</sub>

**HC2a When did you move out of your parental Address?**

\_\_\_\_\_ Month \_\_\_\_\_ Year

**Now I would like to ask you some questions about your non-Parental Address.**

**HC3. How would you describe your living arrangements at <this/that> address?**

**'This' if location is 'Other Address'**  
**'That' if location is 'Parental Address';**

- I live alone in a house/flat..... ☐<sub>1</sub>  
 I live here with my partner only ..... ☐<sub>2</sub>  
 I live in a house/flat with other relative(s) only ..... ☐<sub>3</sub>  
 I live in a house/flat-sharing arrangement with other adult(s) – at least some not related to me ..... ☐<sub>4</sub>  
 I live in 'digs' or lodgings – i.e. in a room in someone else's home (possibly with some meals provided) ..... ☐<sub>5</sub>  
 I live in campus accommodation/Barracks..... ☐<sub>6</sub>  
 other (please specify) ..... ☐<sub>7</sub>

**HC4. Since when have you been living at <this/that>address? \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)**

**HC5. Please tell me about the people you share the accommodation with at <this/that>address (including family members, flatmates etc). Starting with yourself, could you tell me:**

- their first name or initial
- their sex
- their age (your best guess is fine)
- their relationship to you
- their current situation regarding education or work
- whether you and this person share your income (excluding shared bills with flatmates)

	(A)	(B)	(C)	(D)		(E) Int: Show Card PES							(F)
No.	First name/Initial	Sex	Age	Relationship of each member to young adult		Not yet at School	School/ Education	At Work / Training	Unemployed	Retired	Home Duties	Other	Do you share any income with this person (excluding dividing bills or rent with housemates)?
Person No.	INT: Put Young Adult on line 1	M F Other	Years (if less than 1 year put 0)	Person No.	R'SHIP TO: CARD REL Young Adult								
1		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>		1	////	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	Yes//// No
2		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>		2		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>
3		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>		3		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>
4		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>		4		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>
5		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>		5		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>
6		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>		6		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>
7		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>		7		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>
8		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>		8		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>
9		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>		9		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>

[Interviewer: 20-year-old should be on line 1]

**HC6. [INT: Number of people that 20-year-old ticked 'Yes' at F on grid at HC5] So** that means that you share income with

\_\_\_\_\_ **other** people in the household.

**HC7. [INT: Show card HC7] From this card, please tell me which best describes your occupancy of this/that address?**

- Rented from a private landlord who lives elsewhere ..... ☐ 1  
Rented from a private landlord who lives in this household ..... ☐ 2  
Rented from a family member ..... ☐ 3  
Occupied free of rent from a family member ..... ☐ 4  
'Digs' or lodgings – i.e. in a room in someone else's home (possibly with some meals provided) ..... ☐ 5  
Campus/student accommodation ..... ☐ 6  
Owned outright (without a mortgage) ..... ☐ 7  
Owned with a mortgage ..... ☐ 8  
Rented from a local authority ..... ☐ 9  
Rented from a voluntary body ..... ☐ 10  
Barracks ..... ☐ 11  
Living with and paying rent to your partner's parent(s) ..... ☐ 12  
Occupied free of rent with your partner's parent(s) ..... ☐ 13  
Occupied free of rent from your (or your partner's) job ..... ☐ 14  
Other (please specify) ..... ☐ 15

**HC8. Do you feel that the accommodation at <this/that>address (excluding location) is suitable for your needs?**

Yes ..... ☐ 1

No ..... ☐ 2

**HC9. [INT show card HC9] Why is that?**

[Int: tick all that apply]

- a. Not enough bedrooms ..... ☐ 1  
b. Not enough living space ..... ☐ 2  
c. Not enough bathrooms ..... ☐ 3  
d. Poor conditions in the home (damp, drafts, leaks etc) ..... ☐ 4  
e. Problems with rats, mice, cockroaches etc ..... ☐ 5  
f. Too noisy ..... ☐ 6  
g. Problems with neighbours ..... ☐ 7  
h. Not enough privacy ..... ☐ 8  
i. Other (specify) ..... ☐ 9

**HC10. How much is the rent for this/that accommodation (or your total share of the rent if shared accommodation), regardless of who pays it?**

€ \_\_\_\_\_

**HC11. Is that per week, per month, per semester, per year or other?**

- Per week ..... ☐ 1  
Per month ..... ☐ 2  
Per semester ..... ☐ 3  
Per year ..... ☐ 4  
Other (specify) ..... ☐ 5

**HC12. To what extent would you describe your weekly/monthly rent to be a burden to YOU? A great burden; A bit of a burden; not really a burden at all**

A great burden  
☐ 1

A bit of a burden  
☐ 2

Not really a burden at all  
☐ 3

**HC13. On average, how many nights per month (if any) do you sleep in your parents' home?**

\_\_\_\_\_ (no. of nights per month)

## A. ACTIVITIES, IDENTITY AND BECOMING AN ADULT

**A1. [CARD A1] Which of these activities do you regularly do for fun or to relax?**

	Yes	No
a. Walking/hiking .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Reading for pleasure .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Listening to music .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Watching TV .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Singing or playing an instrument.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Craftwork/hobbies .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Using the internet .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Spending time with pets .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Participating in sport (with others) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Participating in individual sport (e.g. horse riding, cycling, etc) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Going to the gym, running, etc .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
l. Just hanging out with friends, no particular activity planned .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
m. Going to clubs, pubs, parties or other social events .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
n. other organised group activity such as scouts, guides, youth club.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
o. Other (please specify) _____ .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**A2. [CARD A2] On this card there is a statement about how people feel toward their life circumstances. Please use the scale provided to indicate how you feel in terms of the statement.**

	Entirely true	True for the most part	Somewhat true	A little true	Not at all true
You consider yourself to be an adult.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**A3. In terms of taking on adult responsibilities would you say you grew up faster, slower or at about the same rate as other people your age**

Faster.....☐1      At about the same rate .....☐2      Slower ...☐3

**A4. [CARD A4]      REDACTED**

	1	2	3	4	5	6	7
	<i>Not true at all</i>			<i>Some-what true</i>			<i>Very true</i>
a.	<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.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c.	<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
d.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f.	<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
g.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
h.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
i.	<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
j.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
k.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
l.	<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
m.	<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
n.	<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>o.</b>	<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>p.</b>	<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>q.</b>	<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>r.</b>	<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>s.</b>	<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>t.</b>	<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>u.</b>	<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

**A5. [CARD A5] How do you see yourself: are you generally a person who is fully prepared to take risks or do you try to avoid taking risks? Please tick on the scale below, where the value 0 means “unwilling to take risks” and 10 means “fully prepared to take risks”.**

Unwilling to take risks → Fully prepared to take risks

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

**A6. Do you belong to any religion?**

Yes ..... ☐ 1 No ..... ☐ 2

**A7. [CARD A7] Which religion?**

Christian – no denomination ..... <input type="checkbox"/> 1	Jewish..... <input type="checkbox"/> 5
Roman Catholic..... <input type="checkbox"/> 2	Muslim ..... <input type="checkbox"/> 6
Anglican/Church of Ireland/Episcopalian ..... <input type="checkbox"/> 3	Other (please specify) ..... <input type="checkbox"/> 7
Other Protestant..... <input type="checkbox"/> 4	

**A8. [CARD A8] How often do you attend religious services?**

More than once per week ..... ☐ 1

Weekly ..... ☐ 2

Monthly..... ☐ 3

Usually only on special occasions such as weddings, religious festivals .... ☐ 4

I rarely or never attend ..... ☐ 5

Attending services is not applicable to my religion ..... ☐ 6

Other (please specify) ..... ☐ 7

**A9. In general, would you describe yourself as a spiritual person (even if you do not belong to a religion)?**

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

**A10. Are you a citizen of Ireland?** Yes ..... ☐ 1 No ..... ☐ 2

**A11. What citizenship do you hold?** \_\_\_\_\_

**A12a. What language do you speak most often at your parental home?**

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

If respondent has another address

**A12b. What language do you speak most often at your other home?**

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

**A13. [CARD A13] How satisfied are you today with the following areas of your life? Please answer on a scale of 0 to 10, where 0 = 'completely dissatisfied' and 10 = 'completely satisfied'.**

	Completely dissatisfied																			completely satisfied	N/A 99			
	0																			10				
a. Your personal income .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 99												
b. Your dwelling .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 99												
c. Your free time .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 99												
d. Your social life .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 99												
e. Your education .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 99												
f. Your work .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 99												

**A14. Do you have a full or provisional driving licence for any of the following vehicle types?**

	Full	Provisional	None
a. Car/van .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Scooter/moped/motorcycle .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Tractor .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**A15. (if has car/van licence at above) Do you have access to a car, van or scooter/motorcycle for your personal use?**

Yes, I have my own vehicle..... ☐1

Yes, I can use a family vehicle whenever I need to..... ☐2

I can use a family vehicle sometimes..... ☐3

No..... ☐4

**A16. [CARD A16] How do you normally travel to work or college (tick all that apply)?**

- a. Not at work or college ..... ☐ Go to A17
- b. On foot ..... ☐
- c. Bicycle ..... ☐
- d. Bus, minibus or coach ..... ☐
- e. Train, DART or LUAS ..... ☐
- f. Motor cycle, moped or scooter ..... ☐
- g. Driving a car ..... ☐
- h. Passenger in a car..... ☐
- i. Other (specify) ..... ☐

**A17. [CARD A17] Where would you go for information or help with the following things? (tick all that apply)**

	Online	Parents	Other family	Friends	Other (please specify)	I wouldn't need help or information on this	N/A
a. Finding accommodation	<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. Being short of cash	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Finding a job	<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
d. Problems with your course-work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e. Problems with your job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f. Finding out about your entitlements to social welfare, education grants 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

**A18. [CARD A18] Do you have any of the following long-lasting conditions or difficulties?**

	Yes	No
a. Blindness or a serious vision impairment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. Deafness or a serious hearing impairment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. An intellectual disability	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. A difficulty with learning, remembering or concentrating	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f. A psychological or emotional condition	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g. A difficulty with pain or breathing or any other chronic illness or condition	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**A19. [CARD A19] As a result of a long-lasting condition or difficulty, do you have any difficulty in doing any of the following?**

	Yes	No
a. Dressing, bathing or getting around inside the home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. Going outside the home alone to shop or visit a doctor's surgery	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. Working at a job or business or attending school or college	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. Participating in other activities, for example leisure or using transport	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**A20. [CARD A20] Listed on this card are a number of personality traits that may or may not apply to you. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.**

**I see myself as:**

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

**A21. In the last six months, have you done any volunteer activities through or for an organisation? This could be activities you do for a school, or sports organisations or any organisation like that, regardless of how frequently you are involved in them.**

Yes ..... ☐ 1

No ..... ☐ 2

**A22. [CARD A22] What type of volunteer activity do you do for this (or these) organisation(s)? (tick all that apply)**

- Coach, referee or supervise sports teams ..... ☐ 1
- Tutor or teach ..... ☐ 2
- Mentor youth (e.g. being a college 'buddy' for first years) ..... ☐ 3
- Assist with non-sports organisations such as Boy Scouts, youth clubs etc ..... ☐ 4
- Engage in music, performance or other artistic activities ..... ☐ 5
- Collect, prepare, distribute or serve food ..... ☐ 6
- Collect, prepare, distribute clothing, crafts or other non-food goods ..... ☐ 7
- Fundraise or sell items to raise money ..... ☐ 8
- Provide counselling or emotional support (including helplines) ..... ☐ 9
- Provide general office services ..... ☐ 10
- Serve on a committee ..... ☐ 11
- Work in a charity shop ..... ☐ 12
- Engage in general labour or supply transport for people ..... ☐ 13
- Something else (please specify) ..... ☐ 14

**A23. [CARD A23] What type of organisation(s) have you volunteered with in the last six months? (Tick all that apply).**

- A social or charitable organisation ..... ☐ 1
- A religious group or church ..... ☐ 2
- A sporting organisation ..... ☐ 3
- A political or cultural organization ..... ☐ 4
- Other voluntary activity organised by your college or workplace ..... ☐ 5
- Other non-sports organisations such as Boy Scouts, youth clubs etc. .... ☐ 6
- Another type of organisation (please specify) ..... ☐ 7



## B. ATTITUDES AND POLITICS

**B1. [CARD B1]** Generally speaking, would you say that most people can be trusted? Please give your answer on a scale of 0 to 10, where 0 means that “you can’t be too careful in dealing with people” and 10 means that “most people can be trusted”?

0 You can't be too careful	1	2	3	4	5	6	7	8	9	10. Most people can be trusted
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

**B2. [CARD B2]** Generally speaking, how interested would you say you are in politics? Please give your answer on a scale of 0 to 10, where 0 means that “Not at all interested” and 10 means you are “Very interested”?

0 Not at all interested	1	2	3	4	5	6	7	8	9	10. Very interested
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

**B3. [CARD B3]** Please look at this card and tell me, for each item listed, how much confidence do you have in them, is it a great deal, quite a lot, not very much or none at all?

	A great deal	Quite a lot	Not very much	None at all
a. The church.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. The education system.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. The Gardaí/police .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. The social welfare system .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. The health care system .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Politicians.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. The courts system .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. The media/press .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**B4. [CARD B4]** Please indicate which activities, if any, you were involved in over the last twelve months.

	Yes	No
a. Contacted a politician or councillor .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Worked (on a voluntary basis or otherwise) in a political party .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Worked (on a voluntary basis or otherwise) with an environmental group.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Worn or displayed a campaign badge/sticker .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Signed a petition (paper, email, on-line) about a political or social issue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Taken part in a public demonstration .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Boycotted certain products for political, social or environmental reasons.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Posted or shared anything about politics online, for example, on blogs, via email or on social media such as Facebook or Twitter.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**B5. Were you eligible to vote in the general election in 2016?** Yes ..... ☐1 No ..... ☐2 DK ..... ☐3

**B6a. Were you registered to vote in the general election in 2016?** Yes..... ☐1 No .. ☐2 DK .... ☐3

**B6b. Did you vote in the general election in 2016?** Yes..... ☐1 No .. ☐2 DK .... ☐3

**B7. Are you currently registered to vote?** Yes..... ☐1 No .. ☐2 DK .... ☐3


**B8. [CARD B8] If you were to vote in a general election tomorrow, to which party would you give your first preference vote (assuming that all parties had a candidate in your constituency)? (Tick one)**

Fine Gael .....	<input type="checkbox"/> 1
Fianna Fáil .....	<input type="checkbox"/> 2
Sinn Féin .....	<input type="checkbox"/> 3
Labour Party .....	<input type="checkbox"/> 4
Anti-Austerity Alliance (Solidarity)/People Before Profit .....	<input type="checkbox"/> 5
Green Party .....	<input type="checkbox"/> 6
Social Democrats .....	<input type="checkbox"/> 7
Renua Ireland.....	<input type="checkbox"/> 8
Workers' Party .....	<input type="checkbox"/> 9
Independent .....	<input type="checkbox"/> 10
I would vote for a person, not a party.....	<input type="checkbox"/> 11
Other (please specify) .....	<input type="checkbox"/> 12
I wouldn't vote .....	<input type="checkbox"/> 13


**B9. [CARD B9] Please tell me to what extent you disagree or agree with each statement**

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Slightly disagree</i>	<i>Neither agree nor disagree</i>	<i>Slightly agree</i>	<i>Agree</i>	<i>Strongly agree</i>
a. The ordinary person has no influence on politics	<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. It doesn't really matter which political party is in power, in the end things go on much the same	<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

**B10. [CARD B10] Please rate how concerned you are about the following issues. Please give a score of 0 to 10 for each, where '0' means you are 'Not at all concerned' about the issue and 10 means you are 'Very Concerned'.**

		<i>Not at all concerned</i>											<i>Very Concerned</i>
a.	Terrorism	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
b.	Climate change	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
c.	Racism	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
d.	Gender inequality	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
e.	Animal rights	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
f.	Poverty in Ireland	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
g.	Access to decent employment opportunities in Ireland	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
h.	Access to housing in Ireland	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
i.	Global gap between rich and poor countries	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	

**B11. [CARD B11] How important do you think each of the following is in getting on in life for a 20-year-old in general. Please give a score of 0 to 10 for each, where '0' means 'Not at all important' and 10 means 'Very Important'**

		<i>Not at all important</i>											<i>Very Important</i>
a.	Your own effort	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
b.	Your education/training	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
c.	Money	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
d.	Who you know	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
e.	Your appearance/ looks	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
f.	Your family background	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
g.	Support from your family	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
h.	Luck	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	

## C. LOCALITY

[Int: These questions should refer to their non-parental address if they have one. Otherwise it should refer to their parental address]

**C1. How long have you lived in this local area?** \_\_\_\_\_ years \_\_\_\_\_ months

**C2. [CARD C2] How common would you say each of the things listed below is in this local area? For each item listed please say whether or not you think it is 'very common', 'fairly common', 'not very common', or 'not at all common'.**

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

**C3. [CARD C3] To what extent do you agree or disagree with these statements?**

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. This is a safe area .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. There are places in this area to meet up with other people .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. There are leisure and sports facilities suitable for young adults in this area .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I have lots of family/friends living in this area .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**C4. [CARD C4] How likely do you think it is that you will still be living in Ireland in five years' time?**

Very likely/almost certain to be living in Ireland	Probably living in Ireland	Possibly living in Ireland but also possibly living abroad	Very likely/almost certain to be living abroad
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**C5. [CARD C5] If it is possible or very likely you will not be resident in Ireland in five years' time, why do you think so? (tick all that apply)**

- a. Family are emigrating ..... ☐1
- b. To pursue an education course abroad ..... ☐2
- c. To get a job/economic reasons ..... ☐3
- d. I want to travel/see the world..... ☐4
- e. I want to improve my foreign language skills ..... ☐5
- f. Other (please specify) ..... ☐6

## D. HEALTH

D1. [CARD D1] In general, how would you say your current health is?

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

D2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ..... ☐ 1      No ..... ☐ 2

D3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

[Int: Please record diagnosis, not symptoms of the problem. If multiple, record most severe problem first]

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If multiple health problems, answer the following in respect of first problem, the most severe problem listed at D3

I can give you a laminated card to write on if you would feel more comfortable doing that. Write on the Laminated Card and I will transfer it to the laptop.

D4. Has this problem, illness or disability been diagnosed by a medical professional?

Yes ..... ☐ 1      No ..... ☐ 2

D5. Since when have you had this problem, illness or disability? \_\_\_\_\_ (year) \_\_\_\_\_ (mth)

D6. Are you hampered in your daily activities by this problem, illness or disability?

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

D7. How many nights have you spent in hospital in total in the last 12 months, from illness or injury?

[INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] \_\_\_\_\_ nights

D8. [CARD D8] Since you were 18 years old, have you had any of the following which required medical attention in a hospital or Accident and Emergency Department or private emergency clinic (e.g. Blackrock Clinic, Swiftcare etc.)? (tick all that apply)

- |   | Yes                        | No                         |
|---|----------------------------|----------------------------|
| a. Road accident .....                          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. A sports-related injury .....                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. An assault.....                              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Alcohol intoxication/alcohol poisoning. .... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Drug intoxication/drug poisoning.....        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Other (specify).....                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**D9. [CARD D9] In the last 12 months, how many times have you seen or consulted, or talked on the phone with any of the following about your physical, emotional or mental health?** [Int. if 'none' write '0' do not leave blank]

	N times	Don't know	Refused
a. A general practitioner (GP) .....	.....	<input type="checkbox"/> 999	<input type="checkbox"/> 998
b. A practice nurse .....	.....	<input type="checkbox"/> 999	<input type="checkbox"/> 998
c. Another medical doctor e.g. in a hospital .....	.....	<input type="checkbox"/> 999	<input type="checkbox"/> 998
d. Physiotherapist.....	.....	<input type="checkbox"/> 999	<input type="checkbox"/> 998
e. Psychologist, counsellor, etc .....	.....	<input type="checkbox"/> 999	<input type="checkbox"/> 998
f. Psychiatrist.....	.....	<input type="checkbox"/> 999	<input type="checkbox"/> 998
g. Accident & Emergency.....	.....	<input type="checkbox"/> 999	<input type="checkbox"/> 998
h. Private emergency clinic, e.g. Blackrock clinic, Swiftcare etc.....	.....	<input type="checkbox"/> 999	<input type="checkbox"/> 998
i. Out-of-hours GP service .....	.....	<input type="checkbox"/> 999	<input type="checkbox"/> 998
j. Social Worker .....	.....	<input type="checkbox"/> 999	<input type="checkbox"/> 998
k. Alternative therapists .....	.....	<input type="checkbox"/> 999	<input type="checkbox"/> 998
l. Health helplines (for physical or mental health issues).....	.....	<input type="checkbox"/> 999	<input type="checkbox"/> 998
m. Dentist .....	.....	<input type="checkbox"/> 999	<input type="checkbox"/> 998
n. Other (please specify) .....	.....	<input type="checkbox"/> 999	<input type="checkbox"/> 998

**D10. Was there any time during the past 12 months when you really needed to consult a GP but did not?**

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

**D11. [CARD D11] If yes, what were your main reasons for not consulting a GP?**

	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/college to visit the doctor .....	<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. You were afraid of visiting the doctor .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. You are still on the waiting list .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Too far to travel/no means of transport .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. You couldn't get an appointment when you needed to .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Other (specify) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**D12. Was there any time during the past 12 months when you really needed to consult a medical specialist but did not?**

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

**D13. [CARD D13] If yes, what were your main reasons for not consulting a medical specialist?**

	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/college to visit the specialist.....	<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. You were afraid of visiting the specialist .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. You are still on the waiting list .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Too far to travel/no means of transport .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. You couldn't get an appointment when you needed to .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Other (specify) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**D14. Are you covered by a medical card – and so get medical services free of charge?**

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

**D15. Are you covered by private medical insurance (not just travel insurance)?**

Yes ..... ☐<sub>1</sub>      No ..... ☐<sub>2</sub>

**D16. Is this your own policy, as part of your parents'/family policy or provided by work?**

Own policy ..... ☐<sub>1</sub>      Parents' policy ..... ☐<sub>2</sub>      Work ..... ☐<sub>3</sub>

**D17. Does that insurance include the cost of GP visits?**

Yes, in full ..... ☐<sub>1</sub>      Yes, partially ..... ☐<sub>2</sub>      No ..... ☐<sub>3</sub>

**D18. On a normal weekday, what time do you normally go to bed? (Note that this may be different from the time you plan to go to sleep).**

..... (time in 24 hour clock)

**D19. And on a normal weekday, what time do you normally get up? (Note that this may be different from the time you wake up).**

..... (time in 24 hour clock)

**D20. On a normal week-night, how long do you usually sleep? Do not include time you spend awake in bed.**

..... hours and ..... minutes

**D21. Do you have any difficulty with sleep?**

Yes, a lot of difficulty ..... ☐<sub>1</sub>      Yes, some difficulty ..... ☐<sub>2</sub>      No ..... ☐<sub>3</sub>

**D22. [CARD D22] How would you rate your dental health? [TICK ONE BOX ONLY]**

Excellent ..... ☐<sub>1</sub>  
Very good ..... ☐<sub>2</sub>  
Good ..... ☐<sub>3</sub>  
Fair ..... ☐<sub>4</sub>  
Poor ..... ☐<sub>5</sub>

**D23. [CARD D23] Which of the following best describes how regularly you visit the dentist? [TICK ONE BOX ONLY]**

Twice a year or more often ..... ☐<sub>1</sub>  
Once a year ..... ☐<sub>2</sub>  
Once every two years ..... ☐<sub>3</sub>  
Once every three years ..... ☐<sub>4</sub>  
Only when there is a problem ..... ☐<sub>5</sub>  
Never / Almost never ..... ☐<sub>6</sub>

## E. DIET AND EXERCISE

**E1. [CARD E1] Now I would like to ask you some questions about what you eat. Looking at the Card, in the last 24 hours have you had the following foods and drinks 'once', 'twice' 'more than twice', or 'not at all'?**

	Once	Twice	More than twice	Not At All
a. Fresh fruit .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Fruit juice .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Meat / Chicken / Fish .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Eggs .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Cooked vegetables .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Raw vegetables or salad .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Meat pie, hamburger, hot dog, sausage or sausage roll .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Hot chips or French fries .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Crisps or savoury snacks .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Bread .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Potatoes/ Pasta/ Rice .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. Cereals .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. Biscuits, doughnuts, cake, pie or chocolate .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n. Cheese/yoghurt/ fromage frais .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o. Low fat Cheese/ low fat yoghurt .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p. Water (tap water / still water/ sparkling water) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q. Soft drinks / minerals / cordial / squash (not diet) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r. Soft drinks / minerals / cordial / squash (diet) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s. Full cream milk or full cream milk products .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t. Skimmed milk or skimmed milk products .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**E2. How many cups of caffeinated tea or coffee do you drink in a typical day?**

\_\_\_\_\_ no. of cups                      OR ☐1 don't drink tea/coffee

**E3. [CARD E3] Do you follow any of the following kinds of vegetarian diet? [TICK ONE ONLY]**

- Vegetarian (no meat or fish but eat dairy and/or eggs) ..... ☐1
- Vegan (no animal products at all) ..... ☐2
- Pescatarian (eat fish but not meat) ..... ☐3
- No ..... ☐4

**E4. [CARD E4] Do you use any of the following supplements?**

- |   | Yes                        | No                         |
|---|----------------------------|----------------------------|
| a. Multi-vitamins .....                                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Individual vitamins or minerals (please specify) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Omega 3 .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Fish oil .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Protein shakes/powders/bars .....                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Creatine .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. Something else (please specify) .....                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**E5. What would you say is the recommended daily calorie intake for an average adult man?**

\_\_\_\_\_ kilocalories      Don't Know. ☐99

**E6. What would you say is the recommended daily calorie intake for an average adult woman?**

\_\_\_\_\_ kilocalories      Don't Know. ☐99

**E7. How many times in the last 14 days have you done at least 30 mins of moderate-intensity activity, that is activity that causes a small increase in your heart rate and breathing (this includes brisk walking, cycling, swimming and active travel/transport on a daily basis)?**

None .... ☐0    1 to 3 days . ☐1    4 to 6 days ☐2    7 to 9 days .... ☐3    10 to 13 days ... ☐4    Everyday .... ☐5

**E8. How many times in the last 14 days have you done at least 30 mins of vigorous-intensity activity, that is activity that causes a large increase in your heart rate and breathing (this includes running, playing football, GAA or similar team sports and gym classes)?**

None .... ☐0    1 to 3 days . ☐1    4 to 6 days ☐2    7 to 9 days .... ☐3    10 to 13 days ... ☐4    Everyday .... ☐5

**E9. How many times in the last 14 days have you done muscle strengthening activities (this includes gym sessions, heavy DIY and aerobic or dance classes)?**

None ..... ☐0    1 to 3 days . ☐1    4 to 6 days   ☐2    7 to 9 days.....☐3    10 to 13 days...☐4    Everyday .... ☐5

**E10. [Card E10]I would now like you to think about the reasons why you choose to participate in sport or other physical activity. Which of the following reasons would you say is the most important motivation for your participation?**

- To improve my health and fitness.....☐1
- To improve my athletic skills .....☐2
- To control my weight. ....☐3
- I enjoy it. ....☐4
- I enjoy meeting people and participating with others in sport.....☐5
- Other (specify). ....☐6
- I don't participate in sport or other physical activity .....☐7

**E11. [Card E11] I'd now like you to think about the reasons why you don't participate in sport or other physical activity. Which of the following reasons would you say is the most important constraint for your participation?**

- I am not interested in sport/physical activity .....☐1
- I don't have enough time .....☐2
- I get all the exercise I need/would like .....☐3
- Other (please specify) .....☐4

## **F. SECONDARY SCHOOL**

**We would now like to ask you some questions about your final year in Secondary School**

**F1. When did you leave school for the first time?** \_\_\_\_\_ Year    \_\_\_\_\_ Month

**F2. What school did you last attend? Please give the full name and address of the school.**

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**F3. What programme did you take in your final year in school?**

- Regular (Established) Leaving Certificate ..... ☐1
- Leaving Certificate Applied (LCA) ..... ☐2
- Leaving Certificate Vocational (LCVP)..... ☐3
- Something else (please specify)..... ☐4

**F4. Did you have a choice over which programme you took in your final year in school?**

- No, I had no choice – school only offers one programme ..... ☐1
- No, I had no choice – parents/teachers made me take this programme .. ☐2
- Yes, I decided to take this programme ..... ☐3

**F5. Thinking about your final year in school in general, how satisfied are you with the programme you took (for example, the regular Leaving Cert, LCA, LCVP)?**

- Neither satisfied  
or
- Very Satisfied.....☐1    Satisfied .....☐2    Dissatisfied ..... ☐3    Dissatisfied .☐4    Very Dissatisfied    ☐5

**F6. [CARD F6] Compared to other people your age, how well would you say you did in tests and exams in the following subjects in your final year in school . Would you say: Above average; Just above average; Average; Just below average; Below average;**

- |                       | Above<br>average           | Just above<br>average      | Average                    | Just below<br>average      | Below<br>average           | Don't<br>know/Didn't do    |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Irish/Gaeilge .... | <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. 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 |
| c. Mathematics....    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

**F7. How important was it to you to do well in your Leaving Cert exam?**

- Very important .....☐1    Important.....☐2    Not very important .....☐3



# F8. Did you sit the Leaving Certificate examinations?

Yes, I sat it once. ☐\_1 Yes, I sat it more than once (i.e. repeated) ☐\_2 No, didn't sit it ☐\_3 → GO TO F.17

**F9. In what year did you sit your (most recent) Leaving Certificate examinations?** \_\_\_\_\_  
(Do not include repeats for just one subject only.)

**F10. Which points system applied to your (most recent) Leaving Cert examination?**

Old system (pre-2017 version).....☐\_1 New system (2017 or later) .....☐\_2

**F11. How many subjects in total did you sit for your (most recent) Leaving Certificate examinations (LCVP do not include link modules)?** \_\_\_\_\_ subjects

**F12. How many points did you get in total in your (most recent) Leaving Certificate examinations?** \_\_\_\_\_ points

**F13. If did Regular Leaving Cert or Leaving Cert Vocational – F3 = 1 or 3]**

**[CARD F13] Please indicate which subjects you did for your (most recent) Leaving Cert, at what level (foundation, ordinary or higher) and the grade you achieved.**

	Did subject	Level					If your grade is unknown can you remember whether or not it was:?		
		Found ation	Ordina ry	Higher	Unsure	Grade	A,B,Cs or 1,2,3,4	Ds or 5, 6	E,F,N Gs or 7,8,NG
a. Irish	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
b. English	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
c. Mathematics	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
d. History	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
e. Geography	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
f. French	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
g. German	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
h. Spanish	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
i. Italian	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
j. Art (including crafts)	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
k. Music	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
l. Home Economics	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
m. Business	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
n. Technology	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
o. Latin	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
p. Ancient Greek	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
q. Hebrew Studies	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
r. Religious Education	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
s. Classical Studies	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
t. Biology	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
u. Chemistry	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
v. Physics	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
w. Physics and Chemistry	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
x. Accounting	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
y. Economics	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
z. Applied Mathematics	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
aa Construction Studies	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
ab Engineering	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
ac Design and Communication Graphics	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
ad Agricultural Economics	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
ae Agricultural Science	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
af Arabic	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
ag Japanese	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
ah Russian	<input type="checkbox"/> _1		<input type="checkbox"/> _2	<input type="checkbox"/> _3..... <input type="checkbox"/> _4 ....					
ai Other (please specify)									

F14a. Did you sit the LCVP link modules?

Yes ..... ☐1

No ..... ☐2

What grade did you get in your link modules:

	Distinction	Merit	Pass	Fail
a. Preparation for the World of Work:.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Enterprise Education: .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

F15. [If sat LCA] What overall grade did you get in the Leaving Certificate Applied?

Distinction	Merit	Pass	Record of Credits	Did not complete year two
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2 .....	<input type="checkbox"/> 3 .....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5 .....

F16. [If doing Leaving Cert Applied – F3 = 2]

[CARD F16] Please indicate which vocational specialisms/elective modules you took in the Leaving Cert Applied Course.

**Vocational Specialisms**

- a. Agriculture/Horticulture.....☐
- b. Childcare/Community Care .....☐
- c. Graphics and Construction Studies .....☐
- d. Craft and Design .....☐
- e. Engineering .....☐
- f. Hair and Beauty .....☐
- g. Hotel, Catering and Tourism .....☐
- h. Office Administration and Customer Care .....☐
- i. Technology.....☐
- j. Information and Communication Technology (follow-on to Introduction to ICT) ...☐
- k. Active Leisure Studies (follow-on to Leisure and Recreation) .....☐

**Elective Modules (in addition to required modules only)**

- l. Vocational Preparation & Guidance.....☐
- m. Arts Education .....☐
- n. Modern Language .....☐
- o. Sign Language .....☐
- p. Leisure and Recreation .....☐
- q. Religious Education .....☐
- r. Science.....☐

***If didn't sit the Leaving Certificate:***

**F17. What age were you when you left school? \_\_\_\_\_ (years)**

**F18. [CARD F18] Which of these factors influenced you to leave school before the Leaving Cert? (tick all that apply)**

- |  | Yes                        | No                         |  | Yes                        | No                         |
|--|----------------------------|----------------------------|--|----------------------------|----------------------------|
| a. Found school work difficult.....              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | i. Other school related factors (specify) _____  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Found school work boring/not interesting .... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | j. Health factors (own illness/disability) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Didn't get on with teachers.....              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | k. Wanted to get a job and earn money _____      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Didn't get on with other students.....        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | l. Other economic/job factors (specify) _____    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Suspended from school .....                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | m. Family factors (specify) _____                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Expelled from school.....                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | n. Other reasons (specify) _____                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. To take up training or apprenticeship.....    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |  |                            |                            |
| h. Special educational needs .....               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |  |                            |                            |

**F19. Did any of your friends leave school before sitting the Leaving Cert?**

Yes ..... ☐1

No ..... ☐2

**F20. Have any of your brothers or sisters left school before the Leaving Cert?**

- Don't have brothers or sisters ..... ☐1
- No, all brothers or sisters either still in school or completed the Leaving Cert ..... ☐2
- Yes ..... ☐3

**F21. If yes, are these your older or younger siblings? (tick all that apply)**

- a. Older..... ☐1
- b. Younger..... ☐2
- Same age (in case of twins or triplets) ..... ☐3

**F22. In your final school year, did you have any grinds or private tuition in any of your school subjects (excluding special educational needs support)?**

Yes..... ☐1

No..... ☐2

**F23. Did you find these grinds useful?**

Yes, a lot..... ☐1

Yes, a little ..... ☐2

Not really..... ☐3

**F24. Did you take grinds on an on-going basis throughout the year (every week/fortnight, etc)?**

Yes ..... ☐1

No ..... ☐2

**F25. Did you take grinds on a "block" basis e.g. at holiday times (e.g. Easter)?**

Yes ..... ☐1

No ..... ☐2

**F26. Some students got extra help at SCHOOL in some subjects (such as English or Maths). Did you receive any extra help WITHIN SCHOOL in your final school year?**

Yes, ..... ☐<sub>1</sub> No..... ☐<sub>2</sub>

**F27. What subjects did you get extra help in? (tick all that apply)**

a. English/reading .... ☐ b. Maths ..... ☐ c. Irish .... ☐ d. Other (specify)..... ☐

**F28. [CARD F28] Was this extra help:**

	English/reading	Maths	Irish	Other
a. Peer-mentoring scheme .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub>
b. Individual (one-to-one) tuition .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub>
c. In a small group outside your regular class ...	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub>
d. In a large group outside your regular class....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub>
e. Other, please describe .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub>

**F29. Did you find this help useful?**

Yes, a lot ..... ☐<sub>1</sub> Yes, a little ..... ☐<sub>2</sub> Not really..... ☐<sub>3</sub>

**F30. Would you have liked extra help within school with any subjects?**

Yes ..... ☐<sub>1</sub> No..... ☐<sub>2</sub>

Ask All

**F31. [CARD F31] Here are some views about being in secondary school. There are no right or wrong answers. For each statement please indicate whether you agree or disagree with these views**

Strongly Agree Disagree Strongly disagree

**Attitudes to school**

a. I disliked being at school. .... ☐<sub>1</sub>..... ☐<sub>2</sub>..... ☐<sub>3</sub>..... ☐<sub>4</sub>

**Attitudes to teachers**

b. I thought most of my teachers were friendly. .... ☐<sub>1</sub>..... ☐<sub>2</sub>..... ☐<sub>3</sub>..... ☐<sub>4</sub>

c. I could talk to my teachers if I had a problem. .... ☐<sub>1</sub>..... ☐<sub>2</sub>..... ☐<sub>3</sub>..... ☐<sub>4</sub>

**F32. During your time in secondary school did you have a short term work experience placement, as part of your school curriculum? That is a time when you spent a few days getting experience of what it's like to be at work, for example in a local business, office or factory.**

Yes ..... ☐<sub>1</sub> No..... ☐<sub>2</sub>

**F33. If yes, did you find this useful in preparing you for the future and what you wanted to do after school?**

Yes ..... ☐<sub>1</sub> No..... ☐<sub>2</sub>

**F34. Why do you feel that?**

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**F35. [CARD F35] Looking at each of the following people, whom did you consult to help you decide what to do after you left school? And how important was each of them in helping you decide?**

	Consulted	Very important	Important	Not important
a. The Guidance Counsellor – class session.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. The Guidance Counsellor – individual appointment	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Your class tutor/ year head .....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Your subject teacher(s) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Your friend(s) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Your mother .....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Your father .....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Other family member(incl siblings) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Someone else .....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**F36. [CARD F36] In thinking about what you would do after you left school, did you do any of the following?**

	Yes	No
a. Had career talks when at school .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Used a specialist guidance website (such as Qualifax) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Looked at University/Institute of Technology/College websites .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Looked at other internet sites .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Gone to a University/Institute of Technology/College open day .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Talked to someone you know working in the area .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Had a work experience placement in the area you were interested in pursuing .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Talked to a private guidance counsellor outside school .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Other (please specify) _____ .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**F37. [CARD F37] In general, do you think that your second-level education has benefited you in the following ways? (Please tick one box on each line.)**

	Yes, a lot	Yes, some	No help
a. In increasing your self-confidence .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. In helping you develop into a well-balanced person .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. In building good relations with friends of the opposite sex .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. In being able to talk and communicate well with others .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. In knowing how to go about finding things out for yourself .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. In helping you to make new friends .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. In knowing how to acquire a new skill .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. In getting involved in sports .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. In giving you reading and writing skills .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. In appreciating reading for pleasure .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. In preparing you for the world of work .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. In giving you computer skills .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. In preparing you for adult life .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. In helping you to think for yourself .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. In appreciating art or music .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
p. In helping you to decide what to do after you left school .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**F38. Looking back, do you have any regrets about your subject choice for the Leaving Cert?**

Yes ..... ☐1      No ..... ☐2

**F39. If yes, which subject and why?**

---

## SECTION G. CURRENT STATUS/EVENT HISTORY GRID

**G1. [CARD G1]** Please complete the following grid. Please indicate what your main status was with regard to work or other activity in each month from January 2016 until present. Please indicate which of these categories best applied to you in each month. [Interviewer: If respondent gives more than one answer per month, ask them to choose the main status]

		2016												2017												2018												2019							
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
	<b><i>In School</i></b>																																												
01	Still at school																																												
	<b><i>In Further/Higher Education</i></b>																																												
02	Studying Further Education Course (PLC)																																												
03	Studying Higher Education Course (Univ. or Inst. of Technology)																																												
	<b><i>In Work</i></b>																																												
04	In FULL-TIME paid employment or paid internship																																												
05	In PART-TIME paid employment or paid internship																																												
06	Unpaid internship																																												
	<b><i>In Training</i></b>																																												
07	Apprenticeship																																												
08	On a Solas course; Fáilte Ireland; Teagasc; etc. training course																																												
09	On a Private Training Course																																												
10	Youth Reach																																												
	<b><i>Other</i></b>																																												
11	Unemployed																																												
12	Engaged in minding the home or family																																												
13	Unable to work or study due to permanent disability or illness																																												
14	Taking a year out or travelling																																												
15	Taking the summer off																																												

**G2.** So, your current status is: \_\_\_\_\_

## SECTION H – Further/Higher Education and Training

**H1. [CARD H1] Looking at the Card, for each of these further or higher education, or training courses can you tell me: H1a1. Did you apply for <course>? H1a2. Did you receive an offer for <course>? H1a3. Did you register for <course>? H1a3b. If yes, how many courses at this level did you register for? H1a4. If no, why not? H1a5. Did you complete <course>? H1a6. If no, why not?**

	Course	H1a1. Made Application	H1a2. Received Offer	H1a3. Registered	H1a3b How many?	H1a5. Did you complete the course
		<input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>2</sub> no	<input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>2</sub> no <input type="checkbox"/> <sub>3</sub> still waiting to hear outcome	<input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>2</sub> no - Go to H1a4		<input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>2</sub> no - Go to H1a6 <input type="checkbox"/> <sub>3</sub> still on course
a	Postgraduate course (NFQ Level 9)	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>
b	Honours Bachelor Degree (NFQ Level 8)	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>
c	Ordinary Bachelor Degree (NFQ Level 7)	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>
d	Higher Certificate Course (NFQ Level 6)	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>
e	Post-Leaving Cert Course (NFQ Level 5/6)	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>
f	University outside the Republic of Ireland	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>
g	Further education outside the Republic of Ireland	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>
h	Certificate Course (NFQ Level 4)	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>
i	Certificate Course (NFQ Level 5)	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>
j	Apprenticeship	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>
k	Solas(FÁS),Fáilte Ireland,Teagasc etc.	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>
l	Private Training Course	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>
m	Youth Reach	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>
n	Other, please specify _____	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>
o	None of the above	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>

If answer no at question H1a3.

**H1a4. [CARD H1a4] If any offers, what was the main reason you did not participate in this course?**

- Got a better/preferred offer ..... ☐<sub>1</sub>  
 Wasn't interested or didn't think it was for me ..... ☐<sub>2</sub>  
 Did not get my preferred course..... ☐<sub>3</sub>  
 Did not get location of choice ..... ☐<sub>4</sub>  
 Felt I couldn't afford it/ too expensive ..... ☐<sub>5</sub>  
 Wanted to travel/have gap year/take time out ..... ☐<sub>6</sub>  
 Wanted to do other education/training instead ..... ☐<sub>7</sub>  
 Wanted to repeat my Leaving Certificate ..... ☐<sub>8</sub>  
 My family didn't encourage me to ..... ☐<sub>9</sub>  
 Other (please specify) \_\_\_\_\_ ☐<sub>10</sub>

If answer no at question H1a5.

**H1a6. [CARD H1a6/H1a7] Why did you not complete the course? (tick all that apply (H1a6) and choose one as the main reason(H1a7))**

	H1a6. All reasons	H1a7. Main reason
The course was not what I expected .....	<input type="checkbox"/> 1	<input type="checkbox"/> 1
I did not like going to college .....	<input type="checkbox"/> 2	<input type="checkbox"/> 2
I failed my exams .....	<input type="checkbox"/> 3	<input type="checkbox"/> 3
I/my family were experiencing financial difficulties .....	<input type="checkbox"/> 4	<input type="checkbox"/> 4
It was too far to travel .....	<input type="checkbox"/> 5	<input type="checkbox"/> 5
I got a full-time job .....	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Physical health difficulties .....	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Mental health difficulties .....	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Family difficulties .....	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Personal difficulties .....	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Other, please specify .....	<input type="checkbox"/> 11	<input type="checkbox"/> 11

Thinking of the course you are currently participating in, if more than one think of the highest one. If not currently participating, think of the course you have completed, if more than one think of the highest one. If you haven't completed a course, think of one you participated in, if more than one think of the highest.

**H2. Please give the name and address of the college or institution you are/were attending and/or business where you are doing/did your apprenticeship/training:**

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**H3. Please give the name of the course or apprenticeship you are/were following (e.g. Level 5 Certificate in Business Studies; Level 6 Higher Certificate in Mechanical Engineering; Level 6 Advanced Certificate Craft in Plumbing; Level 8 Bachelor of Arts Honours in History and English):**

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**H4. Was/is this course part-time, full-time or something else?**

Part-time .....☐<sub>1</sub>      Full-time.....☐<sub>2</sub>      Something else ☐<sub>3</sub>

**H5. Date Course Started:**      Year \_\_\_\_\_      Month \_\_\_\_\_

**H6. How long was/is the course from beginning to end (what was its total duration, even if you left it early):**

\_\_\_\_\_ Years      \_\_\_\_\_ Months

**H7. [CARD H7] To what extent, did the following considerations influence your choice of post-school education or training institution?**

	Very important	Fairly important	Not very important	Not at all important
a. [The institution] offered the subject/course I wanted to do.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Would allow me to live at home.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. There were good transport links between it and home .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I wanted to live in a new city/country.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. My friend(s) were going there.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. My family members were going or went there .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. It had a good reputation .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. My parents encouraged me to go there .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. My teacher or guidance counsellor recommended it .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. I felt the size of it (in terms of student numbers) would suit me .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Something else (please specify) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4



**H8. Do you have any particular special educational need or disability that affected your learning while at post-school education or training?**

Yes ..... ☐ <sub>1</sub> No ..... ☐ <sub>2</sub>

**H9a. Do/did you receive any extra educational supports?**

Yes ..... ☐ <sub>1</sub> No ..... ☐ <sub>2</sub> No longer required ..... ☐ <sub>3</sub>

**H9b. What form does/did this support take?**

\_\_\_\_\_ (OPEN ENDED)

**H9c. Do/did you find this support useful?**

Yes, a lot ..... ☐ <sub>1</sub> Yes, a little ..... ☐ <sub>2</sub> Not really ..... ☐ <sub>3</sub>

**H10. Are you receiving (did you receive) any type of:**

- |   |   |   |
|---|---|---|
| a. a means-tested grant to cover registration fees? | Yes.... <input type="checkbox"/> <sub>1</sub> | No..... <input type="checkbox"/> <sub>2</sub> |
| b. a means-tested grant to cover maintenance?       | Yes.... <input type="checkbox"/> <sub>1</sub> | No..... <input type="checkbox"/> <sub>2</sub> |
| c. a scholarship?                                   | Yes.... <input type="checkbox"/> <sub>1</sub> | No..... <input type="checkbox"/> <sub>2</sub> |

**H11. [CARD H11] How do/did you fund your studies/training? (tick all that apply)**

- |   |                          |                                |                          |
|---|--------------------------|--------------------------------|--------------------------|
| a. Money from your family .....                                       | <input type="checkbox"/> | f. A bank loan .....           | <input type="checkbox"/> |
| b. Indirect support from your family (e.g. food, accommodation) ..... | <input type="checkbox"/> | g. Savings.....                | <input type="checkbox"/> |
| c. Earnings from employment .....                                     | <input type="checkbox"/> | h. Employer assistance .....   | <input type="checkbox"/> |
| d. A State grant .....  | <input type="checkbox"/> | i. Other, please specify ..... | <input type="checkbox"/> |
| e. Social welfare payment (e.g. Back to Education Allowance) ...      | <input type="checkbox"/> |                                |                          |

**H12. Generally speaking, on a scale of 1 to 10, how satisfied are/were you with your choice of course – where a ‘1’ indicates ‘not at all satisfied’ and ‘10’ indicates ‘extremely satisfied.’**

1 Not at all	2	3	4	5	6	7	8	9	10. Extremely
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>

**H13. Generally speaking, on a scale of 1 to 10, how much do/did you like your course – where a ‘1’ indicates ‘not at all’ and ‘10’ indicates ‘very much.’**

1 Not at all	2	3	4	5	6	7	8	9	10. Very much
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>

**H14. Generally speaking, on a scale of 1 to 10, how would you rate your compliance with the requirements of this course (e.g. attending all classes, submitting assignments on time) – where a ‘1’ indicates ‘not at all compliant’ and ‘10’ indicates ‘extremely compliant.’**

1 Not at all	2	3	4	5	6	7	8	9	10. Extremely
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>

**H15. Have you completed a work placement(s) as part of a college course?**

Yes ..... ☐ <sub>1</sub> No..... ☐ <sub>2</sub>

**H16. Are you currently on a work placement?**

Yes ..... ☐ <sub>1</sub> No..... ☐ <sub>2</sub>

**H17. When did you take up this job?**

Year \_\_\_\_\_ Month \_\_\_\_\_

If doing an apprenticeship

**H18. In relation to this job, as part of your apprenticeship please give the name and a full description of the work done. (If farmer, give acreage. Be sure to describe job exactly. If relevant give rank e.g. Civil Service, Gardaí, Army etc.)**

\_\_\_\_\_

**H19. Are you a member of a trade union?** Yes.....☐1 No.....☐2

**H20. How many hours on average do you usually work per week in this job?**

(Number of hours – ask for average week if irregular) \_\_\_\_\_

**H21. How much money do you earn on average each week?**

**a. Gross (Before Deductions)**

**b. Net (take-home pay)**

€ \_\_\_\_\_

€ \_\_\_\_\_

**H22. Do you do any work in a part-time *paid* job in term-time while you are attending college/training/apprenticeships, even if it is only for an hour or two now and then? Please don't include jobs you only do during the holidays, voluntary work or a work placement that is part of your course.**

Yes .....☐1

No .....☐2

**H23. When did you take up this job?**

Year\_\_\_\_\_ Month \_\_\_\_\_

**H24. In relation to this job, please give the name and a full description of the work done - – if more than one job, describe the one with the most hours?**

(If farmer, give acreage. Be sure to describe job exactly. If relevant give rank e.g. Civil Service, Gardaí, Army etc.)

\_\_\_\_\_

**H25. [CARD H25] In this job do you work evenings, weekends or both?:**

Evenings .....☐1

Weekends .....☐2

Both evenings and weekends .....☐3

**H26. How many hours on average do you usually work per week in this job (or jobs) during term-time? Please include any hours you work during the week or at the weekend during term-time.**

(Number of hours – ask for average weekly hours if irregular) \_\_\_\_\_

**H27. How much money do you earn on average each week through part-time work during term-time?**

**a. Gross (Before Deductions)**

**b. Net (take-home pay)**

€ \_\_\_\_\_

€ \_\_\_\_\_

**H28a. We would like your permission to access information from your CAO application on the courses which you have applied for and which you were offered, so that we can link it to the survey information we have collected in the course of your questionnaire interviews.**

**May we have permission to link to the CAO database?**

Yes .....☐1

No .....☐2

Interviewer: *If yes – please make sure to get CAO consent form signed*

**H28b. When was this application made? \_\_\_\_\_ year**

## SECTION H2 – EMPLOYMENT HISTORY

**H29a. Are you currently in paid employment?– do not include the term-time employment or apprenticeship job you told us about already.**

Yes ..... ☐1

No ..... ☐2

**H29b. If no, have you ever been in paid employment?**

Yes ..... ☐1

No. ☐2 go to H45

**H30. [CARD H30] In relation to your current job/last job you held, how would you describe it?**

Regular, full-time ..... ☐1

Temporary, full-time ..... ☐2

Regular, part-time ..... ☐3

Temporary, part-time ..... ☐4

Zero hour contract ..... ☐5

Work Placement ..... ☐6

Internship ..... ☐7

Other (please specify) ..... ☐8

**H31. When did you take up this job? Year \_\_\_\_\_ Month \_\_\_\_\_**

**H32. In relation to this job, please give the name and a full description of the work done.**

(If farmer, give acreage. Be sure to describe job exactly. If relevant give rank e.g. Civil Service, Gardaí, Army etc.)

\_\_\_\_\_

**H33. [CARD H33] In this job are/were you:**

Employee ..... ☐1

Self-employed without paid employees ..... ☐2

Self-employed with paid employees ... ☐3

**H34. How many hours on average do/did you usually work per week in this job?**

(Number of hours – ask for average week if irregular) \_\_\_\_\_

**H35. How much money do/did you earn on average each week?**

**a. Gross (Before Deductions)**

€ \_\_\_\_\_

**b. Net (take-home pay)**

€ \_\_\_\_\_

**H36. Generally speaking, on a scale of 1 to 10, how well do/did you like your job – where a ‘1’ indicates ‘not at all’ and ‘10’ indicates ‘very much.’**

1 Not at all	2	3	4	5	6	7	8	9	10. Very much
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

**H37. Generally speaking, on a scale of 1 to 10, how secure do/did you feel your job is – where a ‘1’ indicates ‘not at all’ and ‘10’ indicates ‘very much.’**

1 Not at all	2	3	4	5	6	7	8	9	10. Very much
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

**H38. [CARD H38] While working on this job, did you do any of these types of training or education connected with your current job? (tick all that apply)**

a. Received instruction or training from someone which took you away from your normal job ..... ☐1

b. Received instruction whilst performing your normal job ..... ☐2

c. Taught yourself from a book/manual/video/ ..... ☐3

d. Followed a distance learning or Internet course (such as Open University) ..... ☐4

- e. Took an evening class ..... ☐ 5  
 f. Did some other work-related training (specify) ..... ☐ 6  
 g. None of these ..... ☐ 7  
 h. Don't Know ..... ☐ 8

**H39. To what extent are/were your knowledge and skills utilized in this work? (Please answer on a scale from 1 to 5, where 1 means 'Not at all' and 5 means 'To a very great extent.')**

1 Not at all	2	3	4	5 To a very great extent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**H40. To what extent does/did your current work demand more knowledge and skills than you can actually offer? (Please answer on a scale from 1 to 5, where 1 means 'Not at all' and 5 means 'To a very great extent.')**

1 Not at all	2	3	4	5 To a very great extent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**H41. [CARD H41] What type of education do you feel is most appropriate for this work?**

Post graduate <input type="checkbox"/> 1	Leaving Certificate <input type="checkbox"/> 5
Bachelor <input type="checkbox"/> 2	Junior Certificate <input type="checkbox"/> 6
PLC <input type="checkbox"/> 3	Other (Please specify): <input type="checkbox"/> 7
Apprenticeship <input type="checkbox"/> 4	

**H42. Do/did you see your current/most recent job as a stop gap or as a start to a long term career?**

Stop gap ..... ☐1      Start to a long term career ..... ☐2

**H43. Are/were you a member of a trade union? Yes ..... ☐1      No ..... ☐2**

**H44. Is the job you have just described above paid or unpaid work for a business owned or run by a member of your family?**

Yes ..... ☐1      No ..... ☐2

**H45. Do you ever do any other paid or unpaid work for a business owned or run by a member of your family?**

Yes ..... ☐1      No ..... ☐2

## J. ATTITUDES TO WORK AND PERCEIVED SKILLS

**J1. [CARD J1]** Here are some aspirations that people might hope to have achieved by the time they are 30. On a scale of 0 to 10 how important would it be for you to have achieved each of these by the age of 30.

*0= Not at all.....10= Very important*

	Not at all important										Very impo rtant
a. Have your own home	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
b. Have a good job	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
c. Be in your 'dream job'	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
d. Be in a long-term romantic relationship	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
e. Have a child	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
f. Have a degree	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
g. Spent a year (or more) abroad/travelling	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
h. Own a car	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
i. Be financially secure	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
j. Other (please specify) _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

**J2.** What job would you like to have by the age of 30?

**J3.** Do you think you will have that job by the age of 30?

Yes.....☐ 1

No.....☐ 2

**J4.** Why not? \_\_\_\_\_

**J5. [CARD J5]** Here are some factors a person might consider when choosing a job. On a scale of 0 to 10 how important would each of these be to you in choosing a job?

*0= Not at all important.....10= Very important*

	Not at all important										Very impo rtant
a. High income	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
b. A job that offered good training opportunities	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
c. A job that offered good promotion opportunities	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
d. An interesting job	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
e. Flexible working hours	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
f. Generous holidays/time off	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
g. A good step on the career ladder	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
h. Be your own boss	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
i. A job that allows you to be creative	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
j. A job that is useful to society or helps other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
k. Job security	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
l. Opportunity to travel/work abroad	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
m. Other (please specify)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

**J6. [CARD J6] Below is a list of skills and competencies related to work and study. To what extent do you think you have the following competencies at the moment? (Please tick one box on each line).**

*1= Not at all.....10= To a great extent*

	Not at all									To a great extent
a. Good written communication skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
b. Good oral communication skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
c. Ability to use computers and the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
d. Analytic skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
e. Ability to work well with others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
f. Constructing, assembling or building things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
g. Teaching or instructing children or adults	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
h. Selling products or services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
i. Caring for others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
j. Using tools	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
k. Managing and organising things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

## K. INCOME AND EXPENDITURE

**K0. Do you live with a spouse/partner whom you share income with?** Yes... ☐<sub>1</sub> No..... ☐<sub>2</sub>

**K1. [CARD K1] Looking at the Card and thinking of your [and your spouse/partner's] total income from all sources, approximately what proportion of your total income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?**

None	Less than 5 %	5% to less than 20%	20% to less than 50%	50% to less than 75%	75% to less than 100%	100%
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

**K2. [CARD K2] You [and your spouse/partner] may have different sources of income. Concerning your [and your spouse/partner's] total monthly or weekly income, with which degree of ease or difficulty are you able to make ends meet?**

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

**K3. [CARD K3] Are you [and your spouse/partner] currently having difficulty meeting any loan or debt repayments (from any source)?**

A lot..... <input type="checkbox"/> <sub>1</sub>	A little ..... <input type="checkbox"/> <sub>2</sub>	No difficulty ..... <input type="checkbox"/> <sub>3</sub>	No loans..... <input type="checkbox"/> <sub>4</sub>
--	--	---	---

**K4. [CARD K4] From where/whom did you get the loan(s) or debt(s) that you are having difficulty repaying (tick all that apply)?**

- |   |  |
|---|--|
| a) Student loan .....   | <input type="checkbox"/> <sub>1</sub>  |
| b) Other loan from a financial institution (e.g. bank or credit union) .... | <input type="checkbox"/> <sub>2</sub>  |
| c) Rent arrears (to landlord/housemate) .....                               | <input type="checkbox"/> <sub>3</sub>  |
| d) Payment plan or hire-purchase agreement from a retailer.....             | <input type="checkbox"/> <sub>4</sub>  |
| e) Credit card bill.....  | <input type="checkbox"/> <sub>5</sub>  |
| f) Registered moneylender .....   | <input type="checkbox"/> <sub>6</sub>  |
| g) Unregistered moneylender or 'loan shark'.....                            | <input type="checkbox"/> <sub>7</sub>  |
| h) Parent.....  | <input type="checkbox"/> <sub>8</sub>  |
| i) Other Relative.....  | <input type="checkbox"/> <sub>4</sub>  |
| j) Friend.....  | <input type="checkbox"/> <sub>10</sub> |
| k) Other (please specify).....  | <input type="checkbox"/> <sub>11</sub> |

### Disposable income

**K5. [CARD K5] I would like you to think about the disposable income available to you [and your spouse/partner] each month. What is the average MONTHLY amount AT YOUR DISPOSAL after tax, USC and other statutory deductions from the following sources currently?**

*At your disposal is the money which is meant for monthly consumption, no matter where it was earned or received, from all sources. Please add a '0' if you did not receive any income from a certain source.*

Source	Average MONTHLY amount €
From parents	
From other family	
Income from your job	
Student grant	
A loan from a bank, Credit Union etc.	
Social Welfare Payment (incl. Child Benefit, if relevant)	
From other sources, including sports bursaries (please specify) _____	
<b>Average total income per MONTH</b>	

**K6. How much do you [and your spouse/partner] pay each month for household bills like accommodation, food, electricity?**

€ \_\_\_\_\_ per MONTH

**K7. [Card K7] For each of the following living costs can you please tell me whether or not, in addition to the cash payments above : 1) you [and your spouse/partner] pay for them personally and whether 2) your parents pay for them - in full or part?**

**No spouse/partner**

☐1

	1) Do you [and your spouse/partner] pay personally?		2) Do your parents pay?	
	Yes	No	Yes	No
a. Rent/campus accommodation fees/mortgage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Utility bills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Food	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Transportation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Communication (telephone, internet etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Health costs (e.g. medical insurance)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Childcare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Debt payment (excluding mortgage, if relevant)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Social and Leisure activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Other regular living costs (clothing, toiletries, tobacco, pets, insurance [except medical insurance])	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**K8.[ If currently 2,3, 7, 8, 9 or 10 at G1] [Card K8] And for your study-related costs, can you please tell me whether or not : 1) you [and your spouse/partner] pay for some or all of them personally and whether 2) your parents pay for some or all of them?**

	Do you [and your spouse/partner] pay personally?			Do your parents pay?		
	Yes	No	NA	Yes	No	NA
a. Tuition fees, registration fees, examination fees, administrative fees.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Learning materials (e.g. books, photocopying, DVDs, field trips)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Training related costs (e.g. purchase of tools, work wear etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Other regular study-related costs (e.g. private tutoring, additional courses)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**K9a. Would you say that difficulty in finding or affording accommodation ever limits your choices in:**  
**(a) work or (b) education:**

	Not at all	A little bit	Some	A lot
<b>(a) work</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>(b) education</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**K10. Are you able to save on a regular basis?** Yes ☐1 No ☐2

**K11. [CARD K11] How would you [and your spouse/partner] deal with an unexpected expense of, say, €250 (tick all that apply)?**

- a. Cut back on other expenditure.....☐1
- b. Borrow from parent(s) .....☐2
- c. Borrow from spouse/partner.....☐3
- d. Borrow from friend(s) .....☐4
- e. Borrow from somewhere else .....☐5
- f. Use savings.....☐6
- g. Credit Card .....☐7
- h. I just would not be able to deal with it .....☐8

**If living in parental home:**

**K12. Would you prefer to live at home (in your parent's address) or would you prefer to live at a separate address, either by yourself or with friends etc.**

I would prefer to live at parent's address .....☐1

I would prefer to live at my own address .....☐2



**K13. To what extent are you living at home because of financial reasons?**

Mostly financial.....☐<sub>1</sub>      A little bit to do with finances .....☐<sub>2</sub>      Nothing to do with finances .....☐<sub>3</sub>

**K14. [Card K14] Here are some opinions on living at home with your parent(s), compared to independent living in your own home. From the following list can you tell me which apply to your situation?**

- |   | Yes   | No                                    |
|---|---|---------------------------------------|
| a. I don't have to do as many household chores .....  | <input type="checkbox"/> <sub>1</sub> ..... | <input type="checkbox"/> <sub>2</sub> |
| b. I save on accommodation costs .....  | <input type="checkbox"/> <sub>1</sub> ..... | <input type="checkbox"/> <sub>2</sub> |
| c. I don't have to cook or shop for groceries .....   | <input type="checkbox"/> <sub>1</sub> ..... | <input type="checkbox"/> <sub>2</sub> |
| d. This house/apartment is nicer or more convenient than I could afford .....               | <input type="checkbox"/> <sub>1</sub> ..... | <input type="checkbox"/> <sub>2</sub> |
| e. I would miss my family if I moved out.....   | <input type="checkbox"/> <sub>1</sub> ..... | <input type="checkbox"/> <sub>2</sub> |
| f. I can't afford to move out of the family home .....                                      | <input type="checkbox"/> <sub>1</sub> ..... | <input type="checkbox"/> <sub>2</sub> |
| g. I help out with the care of my siblings or parents .....                                 | <input type="checkbox"/> <sub>1</sub> ..... | <input type="checkbox"/> <sub>2</sub> |
| h. I don't have enough privacy.....   | <input type="checkbox"/> <sub>1</sub> ..... | <input type="checkbox"/> <sub>2</sub> |
| i. I contribute to household chores .....   | <input type="checkbox"/> <sub>1</sub> ..... | <input type="checkbox"/> <sub>2</sub> |
| j. I don't have enough living space .....   | <input type="checkbox"/> <sub>1</sub> ..... | <input type="checkbox"/> <sub>2</sub> |
| k. I don't have enough independence, e.g. to have friends around, choice of meals etc ..... | <input type="checkbox"/> <sub>1</sub> ..... | <input type="checkbox"/> <sub>2</sub> |
| l. I feel like I won't be treated as an adult until I get my own place .....                | <input type="checkbox"/> <sub>1</sub> ..... | <input type="checkbox"/> <sub>2</sub> |
| m. Other (please specify).....  | <input type="checkbox"/> <sub>1</sub> ..... | <input type="checkbox"/> <sub>2</sub> |