



Fás Aníos in Éirinn

Growing Up in Ireland

Growing Up in Ireland Cohort 24 at 9 Months

Parent/Guardian Questionnaire

Individual Details

1 The next set of questions ask for some general details about you (where you were born, where you live, work etc.).

Please select 'Continue' and press 'Save and continue' to proceed.

2 Are you an Irish citizen? 1. Yes 2. No

3 What is your country of citizenship?

[Enter the first 3 letters of the country and then you can select from the list.]

4 Were you born in the Republic of Ireland? 1. Yes 2. No

5 Other than holidays or short visits abroad, since which year have you been living in the Republic of Ireland continuously? [Short visits abroad are less than 12 months.]
_____year.

6 What country did you live in previously? [Please list the country you have spent the most time in previously.]

7 In which country were you born? [Enter the first 3 letters of the country and then you can select from the list.]

If question 4=1Yes. 8 Other than holidays or short visits abroad, have you always lived in the Republic of Ireland? [Short visits abroad are less than 12 months.]

1. Yes 2. No

9 What country did you live in previously? [Please list the country you have spent the most time in previously.]

Education

10 What is the highest level of education or training you have ever successfully completed?

1. No formal education/training Go to question 14
2. Primary education (NFQ Levels 1 or 2) Go to question 14
3. Lower Secondary (NFQ Level 3) - Junior/Inter/Group Certificate
4. Upper Secondary (NFQ Levels 4 or 5) - Leaving Certificate
5. Technical or Vocational (NFQ Levels 4 or 5)
6. Advanced Certificate/Completed Apprenticeship (NFQ Level 6)
7. Higher Certificate (NFQ Level 6)
8. Ordinary Bachelor Degree or National Diploma (NFQ Level 7)
9. Honours Bachelor Degree/Professional qualification or both (NFQ Level 8)
10. Postgraduate Diploma or Master's Degree (NFQ Level 9)
11. Doctorate (PhD) or higher (NFQ Level 10)

11 What main subject area or areas did you study to get this educational qualification?

For example: carpentry, accountancy, French and Italian, etc. _____

12 Please select the field of education from the list below. [Census categories to be used]

1. Generic programmes and qualifications
2. Education
3. Arts and humanities
4. Social sciences, journalism and information
5. Business, administration and law
6. Natural sciences, mathematics and statistics
7. Information and Communication Technologies
8. Engineering, manufacturing and construction
9. Agriculture, forestry, fisheries and veterinary
10. Health and welfare
11. Services
12. Unable to code

13 Could you tell me what age you were when you successfully completed that level of education? _____

14 Are you currently studying/undertaking any educational courses, learning or training?

1. Yes 2. No

15 Is it on a full-time or part-time basis?

1. Full-time 2. Part-time

16 What is the level of this education or training?

1. Primary education (NFQ Levels 1 or 2)
2. Lower Secondary (NFQ Level 3) - Junior/Inter/Group Certificate
3. Upper Secondary (NFQ Levels 4 or 5) - Leaving Certificate
4. Technical or Vocational (NFQ Levels 4 or 5)
5. Advanced Certificate/Completed Apprenticeship (NFQ Level 6)
6. Higher Certificate (NFQ Level 6)
7. Ordinary Bachelor Degree or National Diploma (NFQ Level 7)
8. Honours Bachelor Degree/Professional qualification or both (NFQ Level 8)
9. Postgraduate Diploma or Master's Degree (NFQ Level 9)
10. Doctorate (PhD) or higher (NFQ Level 10)

17 What main subject area or areas are you studying to get this educational qualification? For example: carpentry, accountancy, French and Italian, etc.



18 Please select the field of education from the list below. [Census categories to be used]

1. Generic programmes and qualifications
2. Education
3. Arts and humanities
4. Social sciences, journalism and information
5. Business, administration and law
6. Natural sciences, mathematics and statistics
7. Information and Communication Technologies
8. Engineering, manufacturing and construction
9. Agriculture, forestry, fisheries and veterinary
10. Health and welfare
11. Services
12. Unable to code

Languages

19 Is English/Irish your native language?

1. Yes, English 2. Yes, Irish 3. No

20 As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children's storybook written in {English/Irish}?

1. Yes 2. No

21 Can you usually read and fill out forms you might have to deal with in {English/Irish}?

1. Yes 2. No

If question 19 =2No. 22 As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children's storybook written in your native language?

1. Yes 2. No

If question 19=2No. 23 Can you usually read and fill out forms you might have to deal with in your native language?

1. Yes 2. No

24 What language(s) do you speak to {{Baby}} at home? [Select all that apply (27 language options).]

Main Status

25 Which of the following categories best describes your current situation? [PES Categories] [Interviewer: If the respondent is on any type of extended leave from employment but can return to their job please code as employed.]

- | | |
|------------------------------|--|
| 1. Employed | 2. Unemployed |
| 3. Retired | 4. Unable to work due to long-standing health problems |
| 5. Student, pupil | |
| 6. Fulfilling domestic tasks | |
| 7. Other | |

26 You described your current situation as {{dynamic text}}, do you also have a job or a business. Please include part-time, casual work and unpaid work in a family business?

1. Yes 2. No

If question 25 =1 or question 26 =1. 27 Do you currently work in more than one job?

1. Yes 2. No

If question 25= 2, 4 or question 25= 3,5,6,7 and question 26=2. 28 Have you ever worked in the same job for more than 3 months? 1.Yes 2.No Go to question 49 if PI, else Go to question 86

29 You described your current situation as {{dynamic text}} but you have previously worked in the same job for more than 3 months. The following questions relate to the last main job that you worked in for more than 3 months. 1.Continue

30 When did you stop working in this job? [Date] ____

31 In your last main job were you ...

1. Self-employed with paid employees
2. Self-employed without paid employees

32 Were you a self employed farmer? 1. Yes 2. No

33 What was the size of the farm? 1. Acres ____ or 2.Hectares ____

3. An employee
4. On a state-sponsored employment scheme (not Community Employment Scheme)
5. On a Community Employment Scheme
6. Unpaid family worker

34 Did you work full-time or part-time in this job?

- 1.Full-time 2. Part-time

35 What was the main activity of the business or organisation where you worked? [What did the business mainly make or do? It is extremely important to enter a detailed description for this question. Not enough detail cars, food, software, local authority. Possible correct response would be repairing cars, bread wholesaler, software development and support local authority library service.] _____

36 What was your occupation in your last main job? [What did you mainly do in the business/organisation? Please describe the occupation fully using the full job title. Not Enough Detail: Teacher, Manager, Engineer. Possible Correct Response: Secondary school teacher, Retail store manager, Electrical engineer.] _____

If question 31 = 1,2,3,4,5,6. 37 Did you supervise the work of other employees on a regular basis in your last main job?

- 1.Yes 2.No

38 How many other employees do you supervise on a regular basis in your last main job? _____

If question 25=1 or question 26 = 1

39 How many hours do you normally work per week, including any regular overtime work?
[Please include the hours in all jobs] _____

40 In this job are you? [Interviewer if respondent works more than one job this question relates to their main job.]

1. Self-employed with paid employees
2. Self-employed without paid employees

41 Are you a self employed farmer?

1. Yes

2. No

42 What is the size of the farm? 1. Acres ____ or 2. Hectares ____

3. An employee
4. On a state-sponsored employment scheme (not Community Employment Scheme)
5. On a Community Employment Scheme
6. Unpaid family worker

43 Do you work full-time or part-time in this job?

1.Full-time

2. Part-time

If question 41 ≠ 1. 44 What is the main activity of the business or organisation where you work? [What does the business mainly make or do? It is extremely important to enter a detailed description for this question. Not enough detail cars, food, software, local authority. Possible correct response would be repairing cars, bread wholesaler, software development and support, local authority library service.] _____

If question 41 ≠ 1. 45 What is your occupation in that job? 'What did you mainly do in the business/organisation?' Please describe the occupation fully using the full job title. Not Enough Detail: Teacher, Manager, Engineer Possible Correct Response: Secondary school teacher, Retail store manager, Electrical engineer.] _____

If question 40 = 1,2,3,4,5,6. 46 Do you supervise the work of other employees on a regular basis?

1.Yes

2.No

47 How many other employees do you supervise on a regular basis? _____

48 What percentage of your working week do you typically spend in the following locations? Please answer in relation to your current remote working environment. Travelling for work does NOT include your normal commute to/from work. Total should equal 100%.

1. Workplace other than your home _____ percent
2. Home _____ percent
3. Hub or co-working space _____ percent
4. Work related travel _____ percent

Question's for the Primary Informant only if the status of Parent2 from the household grid = "At work/training"

49 Is your spouse/partner ...

1. Self-employed with paid employees
2. Self-employed without paid employees
3. An employee
4. On a state-sponsored employment scheme (not Community Employment Scheme)
5. On a Community Employment Scheme
6. Unpaid family worker

50 Is your spouse/partner a self employed farmer?

1.Yes

2.No

51 What is the size of the farm?

1. Acres ____ or 2. Hectares ____

If question 49=1,2,3,4,5,6. And question50≠1. 52 What is the main activity of the business or organisation where your spouse/partner works? [What does the business mainly make or do? It is extremely important to enter a detailed description for this question. Not enough detail cars, food, software, local authority. Possible correct response would be repairing cars, bread wholesaler, software development and support local authority library service.]

If question 49=1,2,3,4,5,6. And question 50≠1. 53. What is your spouse/partner's occupation in that job? [What do they mainly do in the business/organisation? Please describe the occupation fully using the full job title. Not Enough Detail: Teacher, Manager, Engineer Possible Correct Response: Secondary school teacher, Retail store manager, Electrical engineer.] _____

If question 25=1 or question 26 = 1

54 Are you currently on any of the following types of leave from your job?

1. Paid maternity or adoptive leave
2. Unpaid maternity or adoptive leave
3. Paternity leave
4. Unpaid parental leave
5. Parents leave
6. None of the above

55 Have you returned to work after the birth of {{Baby}}?

- 1.Yes 2.No Go to question 58

56 What age [in months] was {{Baby}} when you returned to work? _____

57 What was your main reason for going back to work?

1. Financial
2. Maintain a career
3. Job related benefits (pension, car, health insurance etc)
4. Nobody else could do job
5. Self employed (had to return)
6. Other (please specify _____)

If question 55 = 2. 58 Do you intend to return to work?

1. Yes, on a full time basis
2. Yes, on a part time basis

59 What age [in months] will {{Baby}} be when you return to work? _____

60 What will be your main reason for going back to work?

- a. Financial
- b. Maintain a career
- c. Job related benefits (pension, car, health insurance etc)
- d. Nobody else could do job
- e. Self employed (had to return)
- f. Other (please specify _____)

3. No
4. I am not sure

61 Have you previously returned to work after the birth of other children?

- 1.Yes 2.No

Leave and Work Life Balance

62 Certain types of paid or unpaid leave are available for family purposes. Have you taken any of the following types of leave from your employment over the last 12 months? [Please select all that apply]

1. Paid maternity or adoptive leave

63 How many days of paid maternity or adoptive leave did you take in the past 12 months? _____

64 Was the paid maternity or adoptive leave topped up by your employer?

1. Yes 2. No

2. Unpaid maternity or adoptive leave

65 How many days of unpaid maternity or adoptive leave did you take in the past 12 months? _____

3. Paternity leave

66 How many days of paternity leave did you take in the past 12 months? _____

4. Unpaid parental leave [If option not selected Go to question 71]

67 How did you take your parental leave?

i. Block of weeks

68 How many weeks of parental leave did you take in the past 12 months? _____

ii. Days or iii. Half days

69 How many days of parental leave did you take in the past 12 months? _____

5. Parents leave [If option not selected go to question 71]

70 How many days of parents leave did you take in the past 12 months? _____

6. Carers leave

7. Force majeure leave

8. Compassionate leave

9. None of the above

If Currently or Previous Employed

If (question 25=1 or question 26=Yes) and question 62 does not contain Unpaid parental leave. 71 Do you intend to take parental leave with {{Baby}}? 1. Yes 2. No

72 How do you intend to take your parental leave?

i. Block of weeks

1. 73 How many weeks of parental leave do you intend to take in the next 12 months? _____

ii. Days or iii. Half days

1. 74 How many days of parental leave do you intend to take in the next 12 months? _____

iv. Not decided yet

If (question 25=1 or question 26=Yes) and question 62 does not contain Parents leave.

75 Do you intend to take parents leave with {{Baby}}? 1.Yes 2.No

76 How many days of parents leave do you intend to take in the next 12 months? _____

77 In the last 12 months were you ever refused permission to take leave?

1.Yes

2.No

78 What was this leave? Select all that apply.

1. Annual leave
2. Paid sick leave
3. Unpaid sick leave
4. Career break
5. Paid study leave
6. Unpaid study leave
7. Paid maternity or adoptive leave
8. Unpaid maternity or adoptive leave
9. Paternity leave
10. Unpaid parental leave
11. Parents leave
12. Carers leave
13. Force majeure leave
14. Compassionate leave
15. Other paid leave
16. Other unpaid leave

If question 25=1Employed or question 26 =1Yes Or (28 = yes And question 30 < 12 months from ref date (If currently or previously employed)

79 In your workplace are there barriers to taking paid leave?

1. Yes

2. No

9. Not applicable

80 Which of the following barriers exist for taking paid leave?

1. Lack of flexibility of taking leave
2. Not enough leave
3. Work builds up while on leave
4. Short staffed
5. Need to keep leave for school holidays
6. Need to keep leave if children get sick
7. Not sure how many holidays entitled to
8. Too busy in work to take leave
9. Harmful for career
10. Other

81 And are there any barriers to taking unpaid leave?

1. Yes

2. No

9. Not applicable

82 Which of the following barriers exist for taking unpaid leave?

1. Not available in workplace
2. Lack of flexibility in workplace
3. Can't afford to
4. Financial loss
5. Lack of staff to cover work
6. Unsure of leave available
7. Unsure of entitlements to unpaid schemes
8. Lack of job stability
9. Work is too busy to allow leave
10. Harmful for career
11. Other

If question 25=1Employed or question 26 =1Yes Or (28 = yes And question 30 < 12 months from ref date (If currently or previously employed)

83 Have you taken any of the following flexible working arrangements in your employment over the past 12 months? Please select all that apply. [A compressed working week allows an employee to work a traditional 5 day, 35-40 hour workweek in less than 5 working days. e.g. 4 x10 hour days instead of 5 x 8 hour days.]

1. Flexible hours
2. Compressed working week
3. Part time work
4. Job sharing
5. Shorter working year
6. Remote working
7. None of the above

84 Employees are legally entitled to rest intervals at work. Are you aware that women are entitled to breastfeeding breaks in the workplace? 1. Yes 2. No

If question 98 =1Yes. 85 Have you ever availed of lactation breaks in work?

1. Yes 2. No

86 Since {{Baby}} was born has difficulty in accessing childcare or being unable to afford childcare ever...	Difficulty in accessing	Unable to afford
1. prevented you from being in paid employment?		
2. stopped you taking up a course?		
3. stopped you from taking part in other activities?		
4. None of the above		

If Employed or question 61=Yes. 87 To what extent do you agree or disagree with the following statements?

	1. Strongly agree	2. Agree	3. Neither agree nor disagree	4. Disagree	5. Strongly disagree
a. My working has a positive effect on my children					
b. Working better helps me to appreciate the time I spend with my children					
c. The fact that I work makes me a better parent					
d. Having both work and family responsibilities makes me a more well rounded person					
e. Having both work and family responsibilities gives my life more variety					
f. Having both work and family responsibilities makes me feel competent					
g. Because of my work responsibilities I have missed out on home or family activities that I would have liked to have taken part in					
h. Because of my work responsibilities my family time is less enjoyable and more pressured					
i. Because of my home responsibilities I have to turn down work activities or opportunities that I would prefer to take on					
j. Because of my home responsibilities the time I spend working is less enjoyable and more pressured					

Screen time

88 On a typical WEEKDAY, how much screen time do you spend for LEISURE?

1. None
2. Less than 1 hour
3. 1 hour up to 2 hours
4. 2 up to 3 hours
5. 3 up to 5 hours
6. More than 5 hours

89. On a typical WEEKEND day how much screen time do you spend for LEISURE?

1. None
2. Less than 1 hour
3. 1 hour up to 2 hours
4. 2 up to 3 hours
5. 3 up to 5 hours
6. More than 5 hours

Parents Health and Disability

90 How is your health in general? Is it...

1. excellent
2. very good
3. good
4. fair
5. poor

91. Are you limited because of a health problem in activities people usually do?

	1. Yes	2. No
92 Would you say you are...		
1. severely limited?		
2. limited but not severely?		
93 Have you been limited for at least the past 6 months?	1. Yes	2. No

94 Do you currently have any long-term health conditions that has been confirmed by a medical diagnosis? 1. Yes 2. No

95 What conditions are these? Select all that apply.

1. Chronic lung disease such as chronic bronchitis or emphysema
2. Asthma
3. Arthritis (including osteoarthritis, or rheumatism)
4. Osteoporosis, sometimes called thin or brittle bones
5. Cancer or a malignant tumour (including leukaemia or lymphoma but excluding minor skin cancers)
6. Parkinson's disease
7. Any emotional, nervous or psychiatric problems, such as depression or anxiety
8. Alcohol or substance misuse
9. Alzheimer's disease
10. Dementia, organic brain syndrome, senility
11. Serious memory impairment
12. Stomach ulcers
13. Varicose ulcers (an ulcer due to varicose veins)
14. Cirrhosis, or serious liver damage
15. High blood pressure or hypertension
16. Angina
17. A heart attack (including myocardial infarction or coronary thrombosis)
18. Congestive heart failure
19. Diabetes or high blood sugar
20. A stroke (cerebral vascular disease)
21. Mini-stroke or TIA
22. High cholesterol
23. A heart murmur
24. An abnormal heart rhythm
25. Any other heart trouble
26. Any other condition (Please specify _____)
27. None of these

96 Do any of these conditions limit you in doing certain things with {{Baby}}, e.g. feeding, dressing, playing etc?

1. Severely limited 2. Limited but not severely 3. Not limited at all

97 Do you have any of the following long-lasting conditions or difficulties?

Condition	1. Yes, to a great extent	2. Yes, to some extent	3. No
a. Blindness or a serious vision impairment			
b. Deafness or a serious hearing impairment			
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying			
d. An intellectual disability			
e. A difficulty with learning, remembering or concentrating			
f. A psychological or emotional condition			
g. A difficulty with pain, breathing, or any other chronic illness or condition			

Prenatal Care

If A3=Parent and Sex_DIR or SexPer=2Female 98 The next questions in this survey are about prenatal care, pregnancy and {{Baby}}'s birth. They can only be answered by the person who was pregnant and gave birth to them. You have stated that you are {{Baby}}'s parent. Are you also the person who was pregnant and gave birth to them?

1. Yes 2. No

Answer Questions if question 98 = Yes

99 Now I'd like to ask you some questions about your pregnancy with {{Baby}}. Please select 'Continue' and press 'Save and continue' to proceed. 1. Continue

100 Did you do any of the following to improve your health before or during pregnancy?

	Before pregnancy 101	During pregnancy 102
1. Took folic acid/folate		
2. Took iron		
3. Lost weight		
4. Did more physical activity		
5. Took other health supplements		
6. Other		
7. None of the above		

103 At how many weeks did you first become aware that you were pregnant? _____

104 Did you receive ante-natal care? 1. Yes 2. No

105 How was ante-natal care provided? Select all that apply.

1. Shared care (combined GP and hospital care)
2. Private consultant alone
3. Hospital clinic alone
4. Midwives clinic alone
5. Independent midwife alone
6. Antenatal care in a different country
7. Other (please specify _____)

106 How many weeks into your pregnancy did you have your first ante-natal booking appointment? _____

↓
107 Who was the appointment with?

1. GP/family physician
2. Private consultant alone
3. Hospital clinic alone
4. Midwives clinic alone
5. Independent midwife alone
6. Other (please specify) _____

Answer Questions if question 98 = Yes

108 Were you given time off work to attend ante-natal appointments?

1. Yes
2. No, didn't ask
3. No, request refused
4. Was not working at the time

109 How many ultrasound scans did you have? _____

110 During pregnancy, before you went into labour, were you admitted to a ward for a pregnancy related condition? 1. Yes 2. No

111 How many separate hospital admissions did you have for a pregnancy related condition before you went into labour? _____

112 Did you find out the sex of your baby before the birth? 1. Yes 2. No

113 Did you plan to breastfeed before {{Baby}} was born?

1. Yes
2. Undecided
3. Considered expressing and EBM feeding
4. Planned to give only colostrum
5. No

114 Did you experience any of the following complications during your pregnancy with {{Baby}}? Select all that apply.

1. Raised blood pressure (in isolation)
2. Pre-eclampsia
3. Urinary or kidney infection
4. Persistent vomiting or nausea
5. Gestational diabetes (diet treated)
6. Gestational diabetes (insulin treated)
7. Bleeding during the second half of pregnancy
8. Vaginal Infection during pregnancy
9. Intrauterine growth restriction (small baby on scan)
10. Rhesus incompatibility
11. Influenza
12. Placenta praevia
13. Miscarriage in a multiple pregnancy
14. Covid
15. Other
16. No complications

115. How much weight did you put on during pregnancy? _____ kgs

Answer Questions if question 98 = Yes

Baby Birth and Health

116 Did you have any of the following for pain relief during labour?

1. Birthing pool
2. Birthing ball
3. Gas and air
4. Pethidine painkiller injection
5. Epidural (anaesthetic in the spine)
6. Tens machine
7. Aromatherapy or alternative therapies
8. No pain relief

117 Which of the following describe best how your baby was delivered?

1. Spontaneous
2. Breech - with/without forceps
3. Forceps
4. Vacuum extraction
5. Caesarean
6. Other

118 Baby weight at birth _____ kgs

119 Baby length at birth _____ cms

120 Were there any complications during {{Baby}}'s birth?

1. Yes

2. No

121 What were those complications? Select all that apply.

1. Very long labour (more than 12 hours)
2. Very rapid labour (less than 2 hours)
3. Baby was in distress and heart rate needed to be traced/monitored
4. There were signs of meconium in my waters, or other signs that baby was in distress
5. Baby's blood sample needed to be taken during labour
6. Birth injury / nerve injury / fracture / bruising
7. Other birth complication (please specify _____)

122 Did {{Baby}} have to go to a Neonatal Intensive Care Unit (NICU) or special Care Nursery?

1. Yes

2. No

123 Did {{Baby}} need any help with his/her breathing from a ventilator?

1. Yes

2. No

124 How many days were you in hospital after the birth? _____

Answer Questions if question 98 = Yes

125 How many days was {{Baby}} in hospital after the birth? _____

126 In the first two days after delivery was {{Baby}} given any infant formula feeds?

1. Yes, one infant formula feed
2. Yes, two or more Infant formula feeds
3. No

127 Did you ever try to breastfeed {{Baby}}? 1. Yes 2. No

128 What were the reasons for your decision not to try breastfeeding? Select all that apply.

1. My baby was sick and could not breastfeed
2. I thought I would not have enough milk
3. A healthcare professional said I should not breastfeed for medical reasons
4. I was sick or had to take medicine
5. I believe that formula is as good as breastfeeding or that formula is better
6. I thought that breastfeeding would be too inconvenient
7. I tried breastfeeding before and didn't like it or it didn't work out
8. I wanted to be able to leave the baby for several hours at a time
9. I wanted to go on a weight loss diet
10. I wanted to go back to my usual diet
11. I wanted to smoke again/more
12. I wanted to drink alcohol again/more
13. I had too many household duties
14. I planned to go back to work or school
15. I wanted or needed someone else to feed my baby
16. Someone else wanted to feed the baby
17. I wanted my body back to myself
18. The baby's father didn't want me to breastfeed
19. The baby's grandmother didn't want me to breastfeed
20. I wanted to use contraception that can't be used while breastfeeding
21. I had not breastfed my other children
22. It is not in my culture to breastfeed
23. Other (please specify _____)

Go_to Section 'Parenting Supports'

129 How long after birth was {{Baby}} first put to the breast? HOURS or DAYS after birth

[Note: Enter 0 if this occurred immediately after birth.] _____

If question 129 > 0  UnitsTime. 1.Hours 2.Days

Answer Questions if question 98 = Yes

130 Was {{Baby}} ever exclusively breastfed? [Exclusively breastfed means that the infant receives only breastmilk without any other food or drink (excluding vitamins and minerals).]

1. Yes

2. No

131 Was {{Baby}} ever fed with expressed breast milk?

1. Yes, birth mother EBM
2. Yes, Donor EBM supplied in hospital
3. No

132. Is {{Baby}} still being exclusively breastfed?

1. Yes Go_to question 138

2. No

133 How old was {{Baby}} when (s)he stopped being exclusively breastfed?

_____ UnitsTime2.

1. days
2. weeks
3. months

134 Have you completely stopped breastfeeding, or pumping or expressing your breastmilk for {{Baby}}?

1. Yes

2. No

135 How old was {{baby}} when you completely stopped breastfeeding/pumping/expressing your breastmilk for {{Baby}}? Days or Weeks or Months. _____



UnitsAge. 1. days 2. weeks 3. Months

136 Did you breastfeed for as long as you wanted to? 1.Yes 2.No

137 What were the reason(s) for your decision to stop breastfeeding? Select all that apply.

1. Planned to stop at this time
2. I only planned to feed colostrum
3. Not enough milk/hungry baby
4. Difficulties with breastfeeding e.g. latch
5. Baby was ill
6. Breastfeeding was too tiring
7. Breastfeeding was inconvenient
8. Mother's illness, past surgery
9. Pain, discomfort or injury in the breast
10. Healthcare professional advised me to stop

Answer Questions if question 98 = Yes

11. Baby weaned himself/herself
12. Baby was not gaining enough weight
13. Wanted to drink alcohol
14. Wanted to smoke
15. Wanted to become pregnant again/ start treatment for having another baby
16. I wanted to get my body back to myself
17. I felt I didn't have enough support to breastfeed
18. Returned to work
19. Partner/father wanted mother to stop
20. Embarrassment/social stigma
21. Wanted to be able to leave baby with someone else and/or into childcare
22. I had too many household duties or had to look after other children
23. Wanted to share feeding of infant with partner
24. Other (Please specify _____)

138 Can you tell us what was your motivation for breastfeeding, even if you have since stopped? Select all that apply.

1. Health benefits for baby
2. Health benefits for me
3. Wanted to see what it was like
4. To help with bonding
5. Concern about cost of formula
6. Concerns about safety of formula or using bottles
7. Advice from a doctor, midwife or nurse
8. Advice from family
9. Advice from friends
10. Advice from another source (including online)
11. Had breastfed my older children
12. Had friends or family who had successfully breastfed
13. Was breastfed myself as a baby
14. Was most convenient for me and baby
15. Knew I would have access to support from family and friends
16. Knew I would have access to support from health care professionals
17. Other

Answer Questions if question 98 = Yes

Parenting Supports

139 Thank you. Now I'd like to ask you some questions about parenting support and parenting support services available in your area 1. Continue

140 During pregnancy or since {{Baby}} was born have you accessed any of the following activities or services?

	Parental Supports	1. Accessed the service/ activity	2. Unaware the service/ activity was available	3. Unable to access the service/ activity	4. Didn't feel the service/ activity was for you	5. Did not require the service/ activity
a.	Antenatal classes (public or private, hospital or community based, online, parent peer supported, one to one parent support)					
b.	Breastfeeding support group - parent or Public Health Nurse -led (e.g. community group, mother's group, health clinic group, family resource centre, service provided peer support group, parenting programmes, parenting courses in person/online)					
c.	Young parent support programme (route on if parent is 20 or under)					
d.	Lactation consultant (in maternity hospital and/or at home, online peer supported)					
e.	Baby massage course (private provider, community centre, home visitor)					
f.	Parent and baby/toddler group					
g.	Other baby activity classes (e.g. music, swimming)					
h.	Information session/webinar on, e.g. sleep, weaning, speech and language, infant mental health, diet, child development, family relationships, maternal mental health, physical health					

Answer Questions if question 98 = Yes

i.	Sources of information about weaning (i.e. introducing solid food): HSE website, webinar, books, parenting support websites, parent peer support groups, parent organisations, family social worker, home visitor, one to one parent support			
j.	Child seat "check it fits" service			
k.	Home visiting programme			
l.	Parenting classes/peer support groups, parenting organisation, online classes			

- 141** How often do you access {{service}}?
1. less than once every 3 months
 2. At least once every 3 months
 3. At least once a month
 4. At least once a week
 5. Every day or almost every day

- 142** Why did you not access {{service}}?
1. I had/have no information about where or how to access service / activity
 2. I don't have transport to access this service/ activity
 3. I don't have time to attend
 4. Service/ activity not available at a suitable time
 5. I can't attend due to lack of childcare
 6. I can't attend these services/ activities because of work commitments
 7. I can't afford to access the service/ activity
 8. I wouldn't feel comfortable accessing the service/ activity
 9. I don't need this service/ activity

143 Overall how do you feel about the amount of support or help you get from family living outside your household?

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

144 Overall how do you feel about the amount of support or help you get from friends living outside your household?

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

145 If you want information, advice or support in relation to parenting, who do you go to?

Select all that apply

1. Family/friends
2. GP/public health nurse
3. Family support worker
4. Parent organisation or association
5. Teacher/childcare professional
6. Social worker
7. Home school community liaison teacher
8. Parent and toddler groups
9. Other
10. None or no others

146 How did you find out about parenting support services in your area? Select all that apply.

1. Family/friends
2. GP/public health nurse
3. Family support worker
4. Parent organisation or association
5. Teacher/childcare professional
6. Social worker
7. Home school community liaison teacher
8. Parent and toddler groups
9. Saw advertised e.g. poster, social media
10. Other
11. None or no others

If A3. Not=Grandparent. 147 Do you regularly spend time with {{Baby}}'s grandparents?

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

148 You have stated that you regularly spend time with {{Baby}}'s grandparents. How often do any of them do the following with {{Baby}}?

	1. Never	2. Less than once every 3 months	3. At least once every 3 months	4. At least once a month	5. At least once a week	6. Every day or almost every day
a. Babysit						
b. Have them to stay over night						
c. Take them out						
d. Buy toys or clothes for them						
e. Help you around the house						
f. Help you out financially						

149 How often do you bring {{Baby}} outdoors to a garden/park/playground?

1. Several times a day
2. Once or twice a day
3. Several times a week
4. Once or twice a week
5. Less than once a week
6. Never

Scales are Copyright material. Do Not Publish

Copyright: Parent Play Questionnaire

150 [Redacted]
[Redacted]

	[Redacted]						
1	[Redacted]						
2	[Redacted]						
	[Redacted]						
	[Redacted]						
	[Redacted]						
	[Redacted]						
	[Redacted]						
	[Redacted]						
	[Redacted]						

Scales are Copyright material. Do Not Publish

Copyright: Parent Play Scale (screen time)

151 [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Parenting, Child Relationship

If A3=1parent and question 98=2no. 152 Were you present at the birth of {{Baby}}?

1. Yes
2. Wanted to, but missed it
3. Wanted to, but was not permitted
4. No

153 Parents do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent to do? Please rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

1. Showing my child love and affection
2. Taking time to play with my child
3. Taking care of my child financially
4. Giving my child moral and ethical guidance
5. Making sure my child is safe and protected
6. Teaching my child and encouraging his or her curiosity
7. Other

154 Who does the following with {{Baby}}?

	1. Always yourself	2. Usually yourself	3. About equally by you and spouse/partner	4. Usually spouse/partner	5. Always spouse/partner	6. Someone else	7. Cannot say
a. Bathes them							
b. Feeds them							
c. Shows them pictures in books							
d. Cuddles them							
e. Plays with them							
f. Takes them for walks, outings etc.							
g. Reads stories to them							
h. Changes their nappy							
i. Gets up in the night to see to them							
j. Sings to them							
k. Gets them up in the morning							
l. Puts them to bed							
m. Dresses them in the morning							
n. Picks them up when they cry							
o. Takes them to medical appointments							
p. Takes them to childcare							

155 When it comes to {{Baby}}'s daily routines, how much do you think these activities should be led by parents or baby?

	1. Completely led by baby	2. Mostly led by baby	3. About equal	4. Mostly led by the parent	5. Completely led by the parent
a. Sleeping					
b. Feeding					
c. Playing					
d. Hugs (showing affection)					

Scales are Copyright material. Do Not Publish

Copyright: Knowledge of Infant Development Inventory

156 [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

	[REDACTED]	[REDACTED]				
	[REDACTED]					
■	[REDACTED] [REDACTED]					
■	[REDACTED] [REDACTED]					
■	[REDACTED] [REDACTED]					
■	[REDACTED] [REDACTED]					

Self Complete

157 We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive, we have included them in a section for you to complete by yourself. You can answer the questions using this tablet and I will not see any of your answers. When you are finished your answers will be encrypted, which means that I will never be able to see them.

The information you provide to the Central Statistics Office (CSO) will be separated from your name, so that you cannot be identified. The CSO is very grateful for your participation.

INTERVIEWER: Please read aloud to the respondent Please select one of the following

1. Save and continue 2. No

Thank you. All the information you have submitted is stored safely.

You can find more information about the survey on <https://www.growingup.gov.ie/>

The Central Statistics Office is very grateful for your participation. For further information or to give feedback please email the following address: gui.cso.ie.

If you are affected by any of the issues raised in this survey, help is available here: <https://www.cso.ie/en/surveys/growingupinireland2023survey/supportlines/>

Please select the 'Finish' button and press 'Save and continue' to exit the questionnaire. 1. Finish

158 What is your ethnic group/background? Please select one of the following

1. White - Irish
2. White - Irish traveller
3. White - Roma
4. White - Any other white background
5. Black or Black Irish - African
6. Black or Black Irish - Any other Black background
7. Asian or Asian Irish - Chinese
8. Asian or Asian Irish - Indian/Pakistani/Bangladeshi
9. Asian or Asian Irish - Any other Asian background
10. Other, including mixed group/background - Arab
11. Other, including mixed group/background - Mixed
12. Other, including mixed group/background - Other

159 What is your religion, if any?

1. No religion
2. Roman Catholic
3. Church of Ireland
4. Islam
5. Orthodox Christian
6. Presbyterian
7. Jewish
8. Other

160. Which of the following categories describes your current marital status?

1. Single, that is never married or never in a civil partnership
2. Married

161 In what year did you marry your spouse? _____

3. In a civil partnership

162 Since when have you been in a civil partnership? _____

4. Separated
5. Divorced
6. Widowed

163 Since when have you been {{dynamic text}}? _____

If resident spouse/partner = yes. 164. Since when have you been living with your resident spouse/partner? _____

165 Does any other parent or guardian of {{Baby}} live somewhere else other than in this household?

1. Yes
2. No, deceased
3. No

If Primary Informant 166 Did you (or your child's other parent) have any fertility treatments (or other reproductive assistance) to help to conceive {{Baby}}'?

1. Yes

2. No

167. What treatment did you (or your child's other parent) receive?

1. Clomiphene citrate or other ovulation inducing drugs only
2. Artificial Insemination/Intrauterine Insemination
3. IVF: In Vitro Fertilisation
4. ICSI: IVF with intra cytoplasmic sperm injection
5. Frozen embryo transfer
6. Pregnancy was conceived naturally after last treatment
7. Other (please specify _____)

If Primary Informant 168 Did the conception involve donor egg, sperm, embryo or surrogacy?

Select all that apply

1. Yes, donor egg
2. Yes, donor sperm
3. Yes, donor embryo
4. Yes, surrogacy
5. No

Self Complete If question 98 =1yes

169 Did you intend to become pregnant before {{Baby}} was conceived?

1. Yes, but earlier
2. Yes, at that time
3. Yes, but somewhat later
4. Yes, but much later
5. No intention of ever becoming pregnant
6. Unsure/Didn't mind
7. Other

170 At any time during the pregnancy did you feel under any stress?

1. A great deal
2. Some
3. Not much
4. None at all

171 Was that during your ...[Select all that apply]

1. First trimester [1st, 2nd or 3rd month]
2. Second trimester [4th, 5th or 6th month]
3. Third trimester [7th, 8th or 9th month]

172 Was the stress due to ..[Select all that apply]

1. The pregnancy itself
2. Other factors
3. None of the above

173 Are you currently pregnant? 1. Yes 2. No

Scales are Copyright material. Do Not Publish

Copyright: ALSPAC Bonding Scale

174 [Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]				
[Redacted]				
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[Redacted]				
[Redacted]				
[Redacted]				
[Redacted]				
[Redacted]				
[Redacted]				
[Redacted]				
[Redacted]				

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

1. Yes

2. No

176 Which of the following best describes you?

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

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

If question 98=1yes. 178 Did you smoke at all during the pregnancy?

1. Yes

2. Yes, but stopped when I knew I was pregnant

3. No

179 Did you smoke during the first trimester [1st, 2nd or 3rd month]?

1. Yes

2. No

180 How many cigarettes per day did you smoke during the first trimester? _____

181 Did you smoke during the second trimester [4th, 5th or 6th month]?

1. Yes

2. No

182 How many cigarettes per day did you smoke during the second trimester? _____

183 Did you smoke during the third trimester [7th, 8th or 9th month]?

1. Yes

2. No

184 How many cigarettes per day did you smoke during the third trimester? _____

185 Does anyone smoke in the same room as {{Baby}}?

1. Yes, on a regular basis
2. Yes, on an occasional basis
3. Never

186 Have you ever tried an e-cigarette or “vaping”?

1. Yes

2. No

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

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

If question 98=1. 188 Did you use e-cigarettes (“vaping”) during your pregnancy?

1. Yes

2. No

189 Did you use electronic cigarettes during the ...Select all that apply.

1. first trimester [1st, 2nd or 3rd month]?
2. second trimester [4th, 5th or 6th month]?
3. third trimester [7th, 8th or 9th month]?

190 Have you ever consumed alcohol?

1. Yes

2. No

191 How often do you have a drink containing alcohol?

1. 4+ times per week
2. 2 - 3 times per week
3. 2 - 4 times per month
4. Monthly or less
5. Never

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

1. 0 to 2
2. 3 or 4
3. 5 or 6
4. 7,8 or 9
5. 10 or more

	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily
<p>193 If MALE: How often do you have 8 or more units on one occasion in the last year? If FEMALE: How often do you have 6 or more units on one occasion in the last year?</p> <p>Please use the separate DRINKOGRAM sheet to help you</p>					
<p>194 How often during the last year have you been unable to remember what happened the night before because you had been drinking</p>					
<p>195 How often during the last year have you failed to do what was normally expected of you because of your drinking?</p>					

196 In the last year has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?

1. No
2. Yes, on one occasion
3. Yes, on more than one occasion

If question 98=1Yes. 197 Did you consume alcohol during your pregnancy?

1. Yes 2. Yes, but stopped when I knew I was pregnant 3. No

198. Did you drink alcohol during the first trimester [1st, 2nd or 3rd month]?

1. Yes 2. No

199. On average, how many units of alcohol per week did you consume during the first trimester? A pint of 5% strength beer or a large (250ml) glass of 12% wine is 3 units. _____

200 Did you drink alcohol during the second trimester [4th, 5th or 6th month]?

1. Yes 2. No

201 On average, how many units of alcohol per week did you consume during the second trimester? A pint of 5% strength beer or a large (250ml) glass of 12% wine is 3 units. _____

202 Did you drink alcohol during the third trimester [7th, 8th or 9th month]?

1. Yes 2. No

203 On average, how many units of alcohol per week did you consume during the third trimester? A pint of 5% strength beer or a large (250ml) glass of 12% wine is 3 units. _____

Self Complete.

If question 98=1Yes. 204

204 Did you take any of the following during your pregnancy with {{Baby}}? Select all that apply.	SubsP. How often did you take {{substance}} during your pregnancy with {{Baby}}?				
	1. Often	2. Most days	3. Sometimes	4. Occasionally	5. Less often
1. Sedatives/Tranquillisers/Sleeping pills e.g. (Benzos, Xanax etc)					
2. Pain-relievers (Solpadeine, Tramadol, Lyrica, Fentanyl, Codeine)					
3. Non-opiate pain relievers (Aspirin, Paracetamol, Ibuprofen, etc.)					
4. Pills for depression					
5. Amphetamines (Speed, Ice, Crystal)					
6. Cannabis / Marijuana					
7. Cocaine					
8. Heroin					
9. Methadone					
10. Crack					
11. Anticonvulsants					
12. Steroids					
13. Ketamine					
14. Poppers					
15. Solvents/Sniffing Petrol/Glue/Aerosols					
16. LSD e.g. Acid, Tabs, Trips					
17. Magic Mushrooms					
18. Ecstasy e.g. pills, E, XTC, MDMA, Doves, Yokes					
19. Nitrous Oxide e.g. fast gas, laughing gas					
20. None of the above					

Self Complete.

205 Do you take any of the following substances currently? Select all that apply.	SubsP. How often do you take any of the following currently?				
	1. Often	2. Most days	3. Sometimes	4. Occasionally	5. Less often
1. Sedatives/Tranquillisers/Sleeping pills e.g. (Benzos, Xanax etc)					
2. Pain-relievers (Solpadeine, Tramadol, Lyrica, Fentanyl, Codeine)					
3. Non-opiate pain relievers (Aspirin, Paracetamol, Ibuprofen, etc.)					
4. Pills for depression					
5. Amphetamines (Speed, Ice, Crystal)					
6. Cannabis / Marijuana					
7. Cocaine					
8. Heroin					
9. Methadone					
10. Crack					
11. Anticonvulsants					
12. Steroids					
13. Ketamine					
14. Poppers					
15. Solvents/Sniffing Petrol/Glue/Aerosols					
16. LSD e.g. Acid, Tabs, Trips					
17. Magic Mushrooms					
18. Ecstasy e.g. pills, E, XTC, MDMA, Doves, Yokes					
19. Nitrous Oxide e.g. fast gas, laughing gas					
20. None of the above					

Self Complete.

210. Have you ever been treated by a medical professional for depression, anxiety or other mental health issues? 1. Yes 2. No

If question 98=1Yes. 211 Was this ... Select all that apply.

1. before being pregnant with this baby?
2. in the 1st trimester of the pregnancy?
3. in the 2nd trimester of the pregnancy?
4. in the 3rd trimester of the pregnancy?
5. when this baby was 0-2 months of age?
6. when this baby was 2-6 months of age?
7. since this baby was 6 months of age?

If question 98=2No. 212 Was this ... Select all that apply.

1. before this baby was born?
2. when this baby was 0-2 months of age?
3. when this baby was 2-6 months of age?
4. since this baby was 6 months of age?

213 Was there any time during the past 12 months when you really needed to consult a medical professional for depression, anxiety or other mental health issues but did not?

1. Yes, there was at least one occasion

2. No, there was no such occasion

214 What was the main reason for not consulting a medical professional?

1. You couldn't afford to pay
2. No service available
3. You were afraid/embarrassed to visit a medical professional
4. The premises was not accessible
5. Too far to travel/no means of transport
6. Other

Self Complete.

215 Was there any time during the past 12 months when you really needed to consult a GP about your health but did not?

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

216 What was the main reason for not consulting a GP?

1. You couldn't afford to pay
2. No service available
3. You were afraid/embarrassed to visit a GP
4. The premises was not accessible
5. Too far to travel/no means of transport
6. Not on any GPs books
7. Could not get on GP list

217 Have you ever been given a formal warning or caution by the Gardaí/Police?

1. Yes 2. No

218 Have you ever been arrested by the Gardaí/Police?

1. Yes 2. No

219 Have you appeared in court because you were accused of a crime?

1. Yes 2. No

220 Have you been found guilty of a crime?

1. Yes 2. No

221 Have you ever been in prison?

1. Yes 2. No

Copyright: CES Depression Scale

222 [REDACTED]

		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
■	[REDACTED]				
■	[REDACTED]				
■	[REDACTED]				
	[REDACTED]				
	[REDACTED]				
	[REDACTED]				
■	[REDACTED]				

Copyright: WHO-5 Wellbeing index

	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]					
	[REDACTED]					
	[REDACTED]					
	[REDACTED]					
	[REDACTED]					

Copyright: Dyadic Adjustment Scale 4

[Redacted text block]

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	[Redacted]							
	[Redacted]							
	[Redacted]							
	[Redacted]							
	[Redacted]							
	[Redacted]							

If respondent lives with partner. 225 [Redacted]

[Redacted text block]

[Redacted text block]

Self Complete.

226 Do you feel that having {{Baby}} has ...

1. brought you and your spouse/partner closer together?
2. made you less close than before?
3. made no difference to your relationship?
4. Not applicable

Self Complete.

If question 165 ≠ 2 deceased. 228 What is the current nature of your relationship with Baby1's other parent?

1. Married
2. Partner (not married)
3. Separated
4. Divorced
5. Friend
6. Other relationship
7. No relationship – in contact about child
8. No relationship – no contact with other parent

If question 165 ≠ 2 deceased. 229 What was the nature of your relationship with {{Baby}}'s other parent when {{Baby}} was born?

1. Married and living together
2. Married but not living together
3. Partner (not married) and living together
4. Partner (not married) but not living together
5. Separated
6. Divorced
7. Friend
8. Other relationship
9. No relationship – in contact about child
10. No relationship – no contact with other parent

230 When did you separate or split up with {{Baby}}'s other parent?

1. Before the child was born
2. Before the child was 6 months old
3. In the last 3 months

Self Complete. If not living with baby's other parent

231 Do you and {{Baby}}'s parent have shared parenting of {{Baby}} on a regular basis?

1. Yes 2. No

232 How would you say the time is split?

1. About 50/50
2. You do more than half
3. The other parent does more than half

233 Is the arrangement you currently have:

1. Mutual arrangement with no third party (e.g. Tusla) involved
2. Formal negotiated arrangements e.g. Tusla involvement
3. Formal negotiated arrangement i.e. legal involvement e.g. a solicitor
4. Court-imposed arrangements
5. No regular arrangement

234 Is the arrangement adhered to generally by both parents?

1. Yes
2. No

235 How well is this arrangement working?

1. It's working very well
2. It works well most of the time
3. It doesn't always work well
4. It doesn't work well at all

236 To what extent does this arrangement generate conflict or tension with the other parent?

1. Always
2. Most of the time
3. Some of the time
4. Never

Self Complete. If not living with baby's other parent

If LiveEver=1yes. 237. How far away does {{Baby}}'s other parent live from you?

1. Within ½ hour's drive from here
2. Between ½ and 1 hour's drive from here
3. More than 1 hour's drive from here
4. Outside the country

238 How often does Baby1 have contact with their other parent?

1. Every day or almost every day
2. A few days per week
3. One day per week
4. Every weekend
5. Alternate weekends
6. A few times per month but less than once a week
7. Less frequently

If Respondent does not live with a partner/joint guardian of {{Baby}}. 239 Does {{Baby}}'s other parent make ANY financial contribution to your household and the maintenance of {{Baby}}? [Include any form of financial support such as rent, mortgage, direct maintenance payment etc.]

1. Yes, he/she makes a regular payment
2. Yes, he/she makes payments as required
3. Yes, he/she buys things for baby
4. Yes, he/she pays for activities for baby
5. No, he/she never makes any payment

240 Do you pay any contribution towards costs in {{Baby}}'s other residence?

1.Yes 2.No

241 How often do you talk to {{Baby}}'s other parent about {{Baby}}?

1. Every day
2. Several times a week
3. About once a week
4. A few times a month
5. Several times a year
6. Never

242 How well do you get on with {{Baby}}'s other parent? Would you say your relationship is?

1. Very positive
2. Positive
3. Neither positive nor negative
4. Somewhat negative
5. Very negative

Self Complete.

243 This completes the self-complete section of the survey. Thank you for your participation. Thank you.

Please select the 'Finish' button and hand the tablet back to the interviewer. 1. Finish

244 Please hand the tablet back to the interviewer. 1. Continue

245 Please enter the PIN to proceed. Please enter the PIN and select 'Save and continue' to proceed

On behalf of the Central Statistics Office I would like to thank you for taking part in the growing Up in Ireland survey today.

246 Respondent's Height _____ Meters

247 Respondent's Weight _____ Kgs