



Fás Aníos in Éirinn

Growing Up in Ireland

Growing Up in Ireland Cohort 24 at 9 Months

Primary Informant Questionnaire

Individual Details

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

2 Is {{Baby}} an Irish citizen? 1. Yes 2. No

3 What is {{Baby}}'s country of citizenship? Note: Enter the first 3 letters of the country and then you can select from the list. _____

4 Was {{Baby}} born in the Republic of Ireland? 1. Yes 2. No

5 In which country was {{Baby}} born? Enter the first 3 letters of the country and then you can select from the list (LSF list of countries).

6 How long ago did {{Baby}} come to live in Ireland?

1. More than 6 months ago
2. 3 to 6 months ago
3. Less than 3 months ago

7 Where was {{Baby}} born?

1. Hospital or medical facility

8. Can you give me the name and the address of the hospital where {{Baby}} was born? [Enter hospital name and address] _____

2. At home

3. Elsewhere

9 After how many weeks of pregnancy was {{Baby}} born? _____

Derived Variable. For a premature baby. 1.Yes(if question 9> 37) 2.No(if question 9 <=37)
Derived variables to determine which Ages and Stages questionnaire applies.

10. What is {{Baby}}'s 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

11 What is {{Baby}}'s religion, if any?

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

Education

12 What is the highest level of education or training you expect {{Baby}} to achieve by the end of their full-time education?

1. No formal education/training
2. Primary education (NFQ Levels 1 or 2)
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)

Copyright: Ages and Stages Baby Questionnaire

Rules applicable to Ages and Stages questionnaires. If the baby is premature as determined by a Derived Variable then one of the two premature questionnaires Ages and Stages Questionnaire at 6 months or Ages and Stages Questionnaire at 8 months applies. In all other circumstances ie Question 9 > 37 or Question 9 =Cannot say then Ages and Stages Questionnaire at 9 months applies.

Copyright: Ages and Stages Baby Questionnaire for 9month old

14 [Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

Baby Activities

15 How much total time does {{Baby}} sleep at night on average? _____hours

16 How much time does {{Baby}} spend napping during the day on average? _____hours

17 Where does {{Baby}} usually sleep for most of the night?

1. In a room on their own
2. In a room with other children
3. In {{his/her}} own bed/cot in your bedroom
4. In your bed
5. Elsewhere

18 How much is {{Baby}}'s sleeping pattern or habits a problem for you?

1. A large problem
2. A moderate problem
3. A small problem
4. No problem at all

19 Have you used a soother/dummy with {{Baby}} in the last week? Yes 2. No

20 In their first six months, which of the following describes how {{Baby}} was fed:

1. Exclusively breastfed - including expressed breast milk
2. Mainly breastfed with occasional use of formula
3. Fed breast milk and formula in fairly equal proportions
4. Fed exclusively or mainly with formula

21 I'm now going to ask when {{Baby}} first had other different types of milk/food. Please include any milk added to cereal. How old was baby when he/she first had:

		Days	Or Weeks	Or Months	Hasn't yet tried
1.	Formula milk				
2.	Cow's milk				
3.	Any other type of milk				
4.	Solid or semi solid food				
5.	Plain water in a cup or bottle				

22 What else does {{Baby}} drink apart from milk or formula? Select all that apply

1. Water
2. Baby juice
3. Fruit juices/Cordial/Squash
4. Fizzy or soft drinks
5. Herbal drinks
6. Tea
7. Herbal tea
8. Other
9. None of the above

23 Are you avoiding feeding {{Baby}} any of the following due to possible food allergy or food intolerance? Select all that apply

1. Gluten
2. Cow's milk
3. Nuts/peanuts
4. Eggs
5. Soya
6. Fish/shellfish
7. None of the above

24 Typically how much time does {{Baby}} watch screens (Television, phone, tablet etc.) in a day? _____minutes

25 How many of the following are there available for {{Baby}} to play with/look at?

	Toys	Number
1.	Soft toys/Dolls	_____
2.	Indoor activity toys/games	_____
3.	Outdoor/leisure equipment	_____
4.	Books	_____

26 Do you talk to {{Baby}} while busy doing other things?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never

27 Which of these forms of transport have you used with {{Baby}} in the past 3 months.

Select all that apply

1. Walking

a. If Walking not selected. 28 Which of the following reasons best describe why you have not walked with {{Baby}} in the last 3 months? Select all that apply

- i. Too far
- ii. Inconvenient (e.g. for shopping/collecting children)
- iii. Unsuitable infrastructure for walking (e.g. no footpath)
- iv. Personal safety concerns
- v. Health/mobility issues
- vi. Weather
- vii. Other

2. Cycling

a. If Cycling not selected. 29 Which of the following reasons best describe why you have not cycled with {{Baby}} in the last 3 months? Select all that apply.

- i. Don't own or have access to a bicycle
- ii. Too dangerous/Personal safety concerns
- iii. Unsuitable infrastructure for cycling (e.g. no cycle path)
- iv. Inconvenient (e.g. for shopping/collecting children)
- v. Too far to most destinations
- vi. No facilities at destination (e.g. to lock bike/change clothes)
- vii. Health/mobility issues
- viii. Weather
- ix. Concerned how it looks
- x. No suitable cycling equipment for baby
- xi. Other (please specify _____)

3. Private vehicle

4. Other

5. None of the above

30 Do you have access to a car or van? Select all that apply.

1. Car

2. Van

3. None of the above

31 Do you have access to public transport in your area? Select all that apply

1. Bus 2. Luas/Dart 3. Rail 4. None of the above

32 Have you used any of the following modes of public transport with {{Baby}} in the past 3 months? Select all that apply

1. Bus
2. Luas/Dart
3. Rail
4. None of the above

33 Which of the following reasons best describe why you have not used public transport with {{Baby}} in the last 3 months? Select all that apply.

1. Too expensive
2. Unreliable
3. Infrequent
4. Inconvenient (e.g. for shopping/multiple stops/collecting children)
5. No service nearby
6. No services to where I want to go
7. Personal safety concerns
8. Infection concerns
9. Fear of discrimination/harassment
10. Difficult to access due to disabilities
11. None of the above

Childcare Arrangements

34 Is {{Baby}} currently being minded by someone else other than you or your resident spouse/partner on a regular basis each week? 1. Yes 2. No

35 What is your main reason for not using childcare?

1. Other childcare not needed
2. No centre-based care (e.g. crèche) near enough
3. No childminder/relative near enough
4. Currently on waiting list
5. No suitable childcare places available

36 Is this because ...Select all that apply

- i. Services available don't cater for my child's needs
 - ii. Services available don't use the language my child speaks
 - iii. Services not available for the hours/days I need
6. Cannot afford childcare
 7. Other reason (please specify _____)

37 Do you have future plans for childcare for {{Baby}}?

1. Yes

38 Do you plan to use ...

1. A relative in your own home
2. Non-relative in your own home
3. A relative in their home
4. Non-relative in their home
5. Centre-based caregiver (e.g. Creche/Day nursery)

2. No

39 Is this because ...

1. Other childcare not needed
2. No centre-based care (e.g. crèche) near enough
3. No childminder/relative near enough
4. Currently on waiting list
5. No suitable childcare places available
6. Cannot afford childcare
7. Other reason (please specify _____)

Go to 'Baby's Health and Development section.

If question 34 =1Yes. 40 What is your main type of childcare arrangement (more than 8 hours per week)?

1. A relative in your own home

41 How is this person related to {{Baby}}?

- i. Grandparent
- ii. Aunt/Uncle
- iii. Brother/Sister
- iv. Non-Resident Parent
- v. Other Relative (please specify _____)

2. Non-relative in your own home

42 Which of the following best describes that person?

- i. Au pair
- ii. Friend
- iii. Neighbour
- iv. Childminder / nanny
- v. Other (please specify _____)

3. A relative in their home

43 How is this person related to {{Baby}}?

- i. Grandparent
- ii. Aunt/Uncle
- iii. Brother/Sister
- iv. Non-Resident Parent
- v. Other Relative (please specify _____)

4. Non-relative in their home

44 Which of the following best describes that person?

- i. Friend
- ii. Neighbour
- iii. Childminder registered with Tusla
- iv. Unregistered childminder
- v. Other (please specify _____)

5. Centre-based caregiver (e.g. Creche/Day nursery)

45 What is the main language used in {{Baby}}'s childcare setting?

- i. English
- ii. Irish
- iii. Other (Specify)_____

46 How many other children are in {{Baby}}'s room/group there? _____

47 In a typical week, how many different staff look after {{Baby}}? ____

48 What time does {{Baby}} leave home to go to the main type of care? ____

49 What time does {{Baby}} return home? ____

Questions asked if question 40 = 1, 2, 3 or 4

50 Does your childminder look after their own or other children at the same time as {{Baby}}?
Select all that apply.

- 1. Yes, own children
- 2. Yes, other children
- 3. No

51 How many other children in total? _____

52. What is your childminder's first language? ____27 codes for languages, including (other specify)

53. Is this the language they speak with {{Baby}}? 1.Yes 2.No

54 Are other languages used with {{Baby}} here? 1.Yes 2.No

55 What are they? Select all that apply. 27 codes including (other specify)

56 Does your childminder have any qualification in childcare?

- 1. Yes
- 2. No
- 3. Don't know

Questions asked if question 40 =1, 2, 3, 4 or 5

57 How many days per week does {{Baby}} spend in this childcare arrangement? ____

58 ... and for how many hours per day? ____

59 ... and what is the cost per week of this childcare arrangement? ____ €

60 What age was {{Baby}} when you started to use the main childcare arrangement? _____ months

61 What was the single most important reason for choosing this form of childcare?

1. More affordable
2. Convenient to my home
3. Linked to my job
4. The quality of the care provided
5. It was the only one available to me
6. Sibling already cared for here
7. Other

62 When did you secure childcare for {{Baby}}?

1. During pregnancy
2. When baby was less than three months old
3. When baby between 3 and 6 months old
4. When baby was older than 6 months

63 How difficult was it for you to secure childcare for {{Baby}}?

1. Very difficult
2. Difficult
3. Neither difficult nor easy
4. Easy
5. Very easy

64 To what extent was your choice of childcare determined by financial constraints?

1. Completely
2. To a large degree
3. To some degree
4. Only a little
5. Not at all

Questions asked if question 40 =1, 2, 3, 4 or 5

65 Do you avail of any National Childcare Scheme subsidies for {{Baby}}'s childcare?

1. Yes, universal scheme
2. Yes, means-tested scheme
3. No

66 Why aren't you availing of these schemes for {{Baby}}'s childcare?

1. Not aware of it
2. Difficulty with making application
3. Current provider not participating in scheme
4. Chose not to apply
5. Other reason (Specify_____)

67 How satisfied are you with these arrangements in terms of the quality of the care provided?

1. Very satisfied
2. Fairly satisfied
3. Satisfied to some degree
4. Neither satisfied nor dissatisfied
5. Fairly dissatisfied
6. Very dissatisfied

68 How satisfied are you with the cost of these arrangements?

1. Very satisfied
2. Fairly satisfied
3. Satisfied to some degree
4. Neither satisfied nor dissatisfied
5. Fairly dissatisfied
6. Very dissatisfied

69 If you had the choice, would you prefer to use a different type of childcare; e.g. centre-based care instead of a childminder or vice-versa?

1. Yes No, happy with current arrangements

70 What type of childcare arrangement would you prefer?

1. A relative in your own home
2. Non-relative in your own home
3. A relative in their home
4. Non-relative in their home
5. Centre-based caregiver (e.g. Creche/Day nursery)

Questions asked if question 40 =1, 2, 3, 4 or 5

71 We would like to send a short questionnaire to {{creche/nursery/childminder}} - can you provide some contact details? 1. Yes 2. No

72 What is {{name of creche/nursery/childminder}} _____

73 and their surname? (if applicable) _____

74 Could you give me their telephone number? _____

75 Could I take their email address please? _____

76 Can you give me their address please? 1. Yes 2. No

77 Enter address of {{Baby}}'s creche/nursery/childminder _____

Baby's Health and Development

78 In general, how would you describe {{Baby}}s....	Very healthy, no problems	Healthy but a few minor problems	Sometimes quite ill	Always quite unwell
79 health at birth?				
80 current health?				

81 Can you tell me has {{Baby}} received the following four vaccines at 2 months of age?
Select all that apply.

1. 6 in 1 Vaccine (Diphtheria Tetanus Whooping Cough (Pertussis) Hib (Haemophilus influenzae b) Polio (Inactivated poliomyelitis) Hepatitis B)
2. PCV (Pneumococcal Conjugate Vaccine)
3. MenB Vaccine (Meningococcal B Vaccine)
4. Rotavirus oral vaccine
5. None of the above

82 Can you tell me has {{Baby}} received the following three vaccines at 4 months of age?
Select all that apply.

1. 6 in 1 Vaccine (Diphtheria Tetanus Whooping Cough (Pertussis) Hib (Haemophilus influenzae typeb) Polio (Inactivated poliomyelitis) Hepatitis B)
2. MenB Vaccine (Meningococcal B Vaccine)
3. Rotavirus oral vaccine
4. None of the above

83 Can you tell me has {{Baby}} received the following three vaccines at 6 months of age?
Select all that apply.

1. 6 in 1 Vaccine (Diphtheria Tetanus Whooping Cough (Pertussis) Hib (Haemophilus influenzae b) Polio (Inactivated poliomyelitis) Hepatitis B)
2. PCV (Pneumococcal Conjugate Vaccine)
3. MenC Vaccine (Meningococcal C Vaccine)
4. None of the above

84 Has a medical professional ever told you that {{Baby}} has any of the following conditions? Select all that apply.

1. Eye/sight problems
2. Ear, nose and throat or hearing problems (Do not include a temporary loss of hearing due to a cold or congestion)
3. Epilepsy (including fits)
4. Breathing problems (including wheezing or asthma)
5. Heart problems
6. Stomach and digestion problems such as lactose intolerant
7. Urinary and/or kidney problems
8. Allergies and intolerances other than digestion or skin ones
9. Blood disorders
10. Bone problems
11. Diabetes
12. Muscular problems e.g. low muscle tone or difficulty using arms or legs
13. Neurological problems
14. Skin problems e.g. eczema
15. Cerebral Palsy
16. Cleft lip/palate
17. Developmental delay

85 Can you describe the developmental delay? _____

18. Genetic problems and chromosomal disorders e.g. Down syndrome
19. Growth concerns (failure to thrive, underweight or overweight)
20. Spina bifida
21. Other health problem/long-term condition

86 Can you describe the other health problem/long-term condition?

22. Disease diagnosed from the heel prick test

87 Can you describe the disease diagnosed from the heel prick test?

23. None of the above

88 In relation to the following health problems or illnesses has {{Baby}} ever been taken to a Pharmacist, GP, Health Centre and/or Public Health Nurse, Out-Patient Clinic or A&E Department? Select all that apply

1. Snuffles /common cold

2. Problem with hips

3. Chest infections

4. Ear infections

5. Feeding problems

6. Sleeping problems

7. Dental problems (e.g. teething)

8. Wheezing or asthma

9. Skin problems

10. Persistent nappy rash

11. Undescended testicle

12. Tight foreskin

13. Hernia

14. Sight or eye problems

15. Failure to gain weight or to grow

16. Persistent or severe vomiting

17. Persistent diarrhoea or constipation

18. Fits or convulsions

19. Meningitis

20. Colic

21. Concerns about development

22. Other health problems

23. None of the above

89 Since {{Baby}} was born have you seen/talked on telephone with any of the following?
Select all that apply

		How many times
1	A general practitioner (GP), or family physician	90 _____
2	A paediatrician	91 _____
3	Another medical doctor (such as a hearing specialist)	92 _____
4	Accident and Emergency or Outpatient Department	93 _____
5	Public health nurse / practice nurse	94 _____
6	None of the above	n/a

95 Has {{Baby}} ever been admitted to a hospital ward because of an illness or health problem? 1. Yes 2. No

96 Excluding the nights after {{Baby}} was born - How many nights has baby spent in hospital? _____

97 Since {{Baby}} was born has there been a time, in your opinion, where s/he needed a medical exam or treatment (outside of his/her vaccinations and development checks) but didn't get it?

1. Yes

2. No

98 Was this need because of ... Select all that apply.

1. Snuffles /common cold
2. Problem with hips
3. Chest infections
4. Ear infections
5. Feeding problems
6. Sleeping problems
7. Dental problems (e.g. teething)
8. Wheezing or asthma
9. Skin problems
10. Persistent nappy rash
11. Undescended testicle
12. Tight foreskin
13. Hernia
14. Sight or eye problems
15. Failure to gain weight or to grow
16. Persistent or severe vomiting
17. Persistent diarrhoea or constipation
18. Fits or convulsions
19. Meningitis
20. Colic
21. Concerns about development
22. Other health problems
23. None of the above

99 Why did {{Baby}} not get medical care/treatment? Select all that apply.

1. You couldn't afford to pay
2. The medical care wasn't available or accessible to you
3. You could not take time off work to visit the doctor
4. You wanted to wait and see if the problem got better
5. The child is still on the waiting list
6. You couldn't get an appointment when you needed to
7. Too far to travel / no means of transport
8. Other

100 Is the family covered by a full medical card? 1. Yes 2. No

101 Is the family covered by a GP only card? 1. Yes 2. No

102 Does the family have private health insurance? 1. Yes 2. No

103 Many babies have accidents at some time. Has {{Baby}} ever had an accident, injury, or swallowed something that required a visit to a doctor, health centre or hospital?

1. Yes 2. No

104 Has {{Baby}} had the following check-ups? Select all that apply.

1. 6 week check up with GP
2. 3 month development check with Public Health Nurse
3. 9 month development check with Public Health Nurse
4. None of the above

If question 104 = 1, 2 or 3 empty or if option 4 chosen ask. 105 Why did {{Baby}} not have development checks? Select all that apply.

1. No development check available
2. Baby was ill
3. Missed appointment
4. Opted not to take up check
5. Have not received any appointments for development check ups
6. Other

106 Baby Length _____cms

107 Baby Weight _____Kgs

Housing and Tenure

108 Thank you. Now I'd like to ask you some questions about your housing situation and the neighbourhood in which you live. [Please select 'Continue' and press 'Continue' to proceed]

1. Continue

109 What kind of property do you live in?

1. Detached house
2. Semi-detached house
3. Terraced house, including end of terrace
4. Apartment/flat/duplex/bedsitter in a converted house/building
5. Apartment/flat/duplex/bedsitter in a custom-built block
6. Mobile home/caravan/temporary building
7. Emergency accommodation
8. Other accommodation
9. No fixed accommodation

110 Is this accommodation shared with other residents outside your immediate family unit (you, your partner and child(ren))? Select all that apply.

1. Shared with my parent(s)
2. Shared with my partners parent(s)
3. Shared with other relation(s)
4. Shared with other non-related person(s)
5. Not shared

111 Since when have you been living here? Date or month/year if exact date is not available. _____

↓
112 Before that were you living in ...

1. Accommodation that you owned
2. Accommodation that you rented
3. Family home
4. Other

113 Was that in the same town/area as this?

1. Yes

2. No

114 Do you / you and your partner own your accommodation?

1. Own with mortgage or loan
 - a. 115 How much per MONTH are your mortgage repayments? _____ €
2. Own outright (Go To question number 121)
3. No

116 Who owns the accommodation?

1. Relation who lives here
2. Relation who lives elsewhere
3. Private landlord who lives here (not a relation)
4. Private landlord who lives elsewhere
5. Local authority
6. Voluntary housing association
7. Other, including employer

117 Do you pay rent to live here? 1. Yes 2. No (GoTo question number 121)

118 Does your household pay rent to a ... Select all that apply

1. Local Authority
2. Private landlord or their agent

119 How much per MONTH does your household pay directly to your landlord? _____ €

120 To what extent are your rent/mortgage costs a financial burden to you?

1. A heavy burden
2. A moderate burden
3. A slight burden
4. No burden at all
5. Not applicable (no housing costs)

121 How many bedrooms are in this accommodation? _____

122 How many bathrooms are in this accommodation? _____

123 Is there adequate living space for the number of people who live here - kitchen, dining, sitting rooms(s)?

1. Yes 2. No

124 Is there suitable space for indoor play/toys? 1. Yes 2. No

125 Is there adequate space for bulky items such as buggies and bicycles?

1. Yes 2. No

126 Which of the following energy sources are used for heating, lighting and cooking in this dwelling? Note: Select all that apply.

1. Oil
2. Electricity
3. Piped natural gas
4. LPG (bulk in a tank)
5. Bottle gas
6. Solid fuels (e.g. coal, wood, peat)
7. Renewables

127	Do you have any of the following problems with this dwelling:	Yes	No
a	A leaky roof, damp walls/floors/foundations, rot in the window frames or floor?		
b	Too much noise in your dwelling from neighbours or from outside (traffic, business, factory, etc.)		
c	Pollution, grime or other environmental problems in the local area such as: smoke, dust, unpleasant smells or polluted water?		
d	Is your dwelling too dark, meaning is there not enough day-light coming through the windows?		

128 Does your accommodation have access to a private garden or shared outdoor space that is safe for a child to play in? 1. Yes 2. No

129 Do you expect to be still living in this accommodation ...

	1.Yes	2.No
a. this time next year		
b. in 5 years time		
c. in 10 years time		

130 Is that because ... Select all that apply.

1. You want to move to a different area
2. You can't afford this accommodation
3. You hope to be in better accommodation
4. Your tenancy is not secure
5. Other reason

Neighbourhood

131 How common would you say that each of the things listed below is in your area?

	1. Very common	2. Fairly common	3. Not very common	4. Not common at all
a. Rubbish and litter lying about				
b. Homes and Garden in bad condition				
c. Vandalism and deliberate damage to property				
d. People being drunk or taking drugs in public				

132 Does your local area have ... Select all that apply.

1. Safe parks or green spaces
2. Safe playgrounds
3. None of the above

133 To what extent do you agree or disagree with these statements:

	1. Strongly Agree	2. Agree	3. Disagree	4. Strongly disagree
a. It is safe to walk alone in this area after dark				
b. It is safe for children to play outside during the day in this area				
c. We as a family intend to continue living in this area				
d. As a family we are settled in and part of this community				

134 Are the following services available in or within relatively easy access of your local area?

	1. Yes	2. No	3. I don't know
a. Regular public transport			
b. GP or health clinic			
c. Primary school			
d. Secondary school			
e. Library			
f. Social welfare office			
g. Banking/ credit union			
h. Essential grocery shopping			
i. Creche, day-care, mother and toddler groups etc			
j. Family resource centre/support service			

135 Do you have any family living in this area or nearby? 1. Yes 2. No

136 Do you have close friends living in this area or nearby? 1. Yes 2. No

137 Do you have someone who can mind your child so you can go out once in a while?

1. Yes 2. No

Cost of Living

Note: Please ensure that all persons in the household (including children aged one year or more and below 16) are also considered for the purpose of this question.	1. Yes	2. No, because cannot afford	3. No, other reason
138 Do all members of your household have two pairs of properly fitting shoes in good condition that are suitable for daily activities? If no is it because the household can not afford to or is there another reason? Instruction: The concept of shoes has to be understood in a broad sense. It could include boots, etc.			

Note: Please ensure that all persons in the household (including children aged one year or more and below 16) are also considered for the purpose of this question.	1. Yes	2. No, because cannot afford	3. No, other reason
139 Does your household eat meals with meat, chicken, fish or vegetarian equivalent every second day? If no, is it because the household cannot afford to or is there another reason?			
140 Does your household have a roast joint or its equivalent once a week? If no, is it because the household cannot afford to or is there another reason?			
141 Do all members of your household possess a warm waterproof coat? If no, is it because the household cannot afford to or is there another reason?			
142 Could you tell me if you replace any worn out furniture? If no, is it because the household cannot afford to or is there another reason?			
143 Does your household keep the home adequately warm? If no, is it because the household cannot afford to or is there another reason?			
144. Does your household buy presents for family or friends at least once a year? If no is it because you cannot afford to or is there another reason?			
145 Could you tell me if you can replace worn-out clothes by some new (not second-hand) ones? The focus is on the replacement of the worn out clothes by some new clothes (such as a suit, winter coat, pullover, etc.). The question refers to worn out clothes not old fashioned ones.			
146 Could you tell me if you get together with friends/family (relatives) for a drink/meal at least once a month? If no, is it because you cannot afford to or is there another reason.			
147 Have you ever had to go without heating during the last 12 months through lack of money? I mean, have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?			n/a
148 Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?			n/a

149 Do you have a computer/laptop/tablet? 1. Yes 2. No

150 Is the reason you don't have a computer/laptop/tablet, that you...

1. would like to have one but cannot afford it?
2. do not have one for other reasons e.g. do not want or need one?

151 Excluding mobile phones and smartphones, what type of internet connection does your household have? Select all that apply.

1. Fixed broadband
2. Mobile broadband
3. Satellite
4. Other connection
5. This household does not have an internet connection

152 Can your household afford an unexpected expense of €1,000 without borrowing? Note: If the payment was made on credit then the expense should be settled within 1 month.

1. Yes 2. No

153 At the end of a typical month, do you

1. put money aside?
2. need to draw on savings?
3. need to borrow money?
4. neither put money aside nor need to draw on savings or borrow?

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

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

155 Since {{Baby}} was born, have you (or other adults in your household) ever cut the size of your meals or skipped meals because there wasn't enough money for food?

1. Yes 2. No

156 Since {{Baby}} was born have you ever cut down on spending or missed payments in any of the following areas to afford food? Select all that apply.

1. Housing costs (rent, mortgage)
2. Other loan repayments
3. Household energy bills (gas, electricity etc.)
4. Other household utility bills
5. Medical costs
6. Transport costs
7. Children's activities/hobbies
8. Your own leisure / entertainment costs
9. Clothes
10. School supplies
11. Family holidays
12. Other items
13. None of the above

157 Can you estimate your net monthly household income (including social transfers and after tax)? Please indicate from the following income bands.

1. €0 to €1,220
2. €1,221 to €2,131
3. €2,132 to €2,858
4. €2,859 to €3,499
5. €3,500 to €4,225
6. €4,226 to €4,939
7. €4,940 to €5,679
8. €5,680 to €6,583
9. €6,584 to €7,954
10. €7,955 to €13,266
11. €13,267 or more

On behalf of the Central Statistics Office I would like to thank you for taking part in the Growing up in Ireland survey today. Note: Press 1 to continue.