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**GROWING UP IN IRELAND – national study of children  
 INFANT QUESTIONNAIRE  
 Strictly Confidential – HOME-BASED CARE**

Group Code    Household     Date \_\_\_\_\_ day \_\_\_\_\_ month

**PLEASE READ THIS FIRST**

This questionnaire should be accompanied by an information pack. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the Growing Up in Ireland team.

**IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE,  
 PLEASE CALL (01) 8632000 DURING OFFICE HOURS**

*First of all, we would like to ask you some questions about caring for the study child in particular.*

**Q1. Which of the following best describes your relationship to the study child?**

- |                                       |                            |                                |                            |
|---------------------------------------|----------------------------|--------------------------------|----------------------------|
| Grandmother .....                     | <input type="checkbox"/> 1 | Friend of parent .....         | <input type="checkbox"/> 5 |
| Grandfather .....                     | <input type="checkbox"/> 2 | Neighbour.....                 | <input type="checkbox"/> 6 |
| Other relative (please specify) ..... | <input type="checkbox"/> 3 | Registered childminder .....   | <input type="checkbox"/> 7 |
| Au pair / Nanny .....                 | <input type="checkbox"/> 4 | Unregistered childminder ..... | <input type="checkbox"/> 8 |
|                                       |                            | Other (please specify) .....   | <input type="checkbox"/> 9 |

**Q2. Do you live in the home of the study child (include granny flat or guest accommodation as part of the child's home)?** Yes .....1 No .....2

**Q3. Do you care for the study child in his / her own home; in your home or somewhere else?**

Study Child's home.....1 My own home ..... 2  
 Somewhere else (please specify where) \_\_\_\_\_

**Q4. How long have you been caring for the study child?** \_\_\_ years \_\_\_ months \_\_\_ weeks

**Q5. How many hours per week do you care for the study child?** \_\_\_\_\_ hours

**Q6. How many days per week do you care for the study child?** \_\_\_\_\_ days

**Q7. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?**

- |                            |                            |                               |                            |                            |
|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| Very easy                  | Somewhat easy              | Neither easy nor<br>difficult | Somewhat difficult         | Very difficult             |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3    | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

*We would also like some general information on the environment in which you look after the study child*

**Q8. On a typical day, how many children are in your care (excluding the study child, but including your own children)?** \_\_\_\_\_ children

**Q9. What ages are these children? (Please indicate the number of children in these age categories, again excluding the Study Child)**

- |                     |                            |                         |                            |
|---------------------|----------------------------|-------------------------|----------------------------|
| 0 – 11 months ..... | <input type="checkbox"/> 1 | 7-9 years.....          | <input type="checkbox"/> 4 |
| 1- 3 years .....    | <input type="checkbox"/> 2 | 10 - 12 years .....     | <input type="checkbox"/> 5 |
| 4-6 years .....     | <input type="checkbox"/> 3 | 12 years and over ..... | <input type="checkbox"/> 6 |

**Q10. How many of the following types of toys are there available to the child while in your care?**

a. Cuddly toys or dolls \_\_\_\_\_ (Enter number of toys)      b. Activity type toys \_\_\_\_\_ (number)

**Q11. When you are minding the Study Child how many children's books are available to the Study Child to look at / to be read from etc? Do you estimate...**

- |                         |                            |                   |                            |
|-------------------------|----------------------------|-------------------|----------------------------|
| None .....              | <input type="checkbox"/> 1 | 21-30 .....       | <input type="checkbox"/> 4 |
| Less than 10.....       | <input type="checkbox"/> 2 | More than 30..... | <input type="checkbox"/> 5 |
| Between 10 and 20 ..... | <input type="checkbox"/> 3 |                   |                            |

Q12. On average, how many hours per day does the child spend watching TV or DVD's while in your care? \_\_\_\_\_ hrs

Q13. In a typical day, how long would the child spend asleep while in your care? \_\_\_\_\_ hours

Q14. On a typical day, how often would you get the chance to talk to the child on a one-to-one basis?

Almost never <sub>1</sub>      Sometimes <sub>2</sub>      Often <sub>3</sub>      Always <sub>4</sub>

Q15. Do you look after the study child when he or she is sick?

Never ..... <sub>1</sub>      Rarely ..... <sub>2</sub>      Frequently ..... <sub>3</sub>      Always ..... <sub>4</sub>

*Finally, we would like to know some things about you.*

Q16. What is your date of birth? (DD/MM/YYYY)      \_\_\_\_\_ (day) \_\_\_\_\_ (mth) \_\_\_\_\_ (yr)

Q17. What is your gender?      Male ..... <sub>1</sub>      Female..... <sub>2</sub>

Q18. What nationality are you? \_\_\_\_\_

Q19. Which of the following best describes your current employment status?

Working for payment or profit ..... <input type="checkbox"/> <sub>1</sub>	Looking after home/family ..... <input type="checkbox"/> <sub>1</sub>
Looking for first regular job ..... <input type="checkbox"/> <sub>1</sub>	Retired from employment..... <input type="checkbox"/> <sub>1</sub>
Unemployed ..... <input type="checkbox"/> <sub>1</sub>	Unable to work due to permanent sickness or disability ..... <input type="checkbox"/> <sub>1</sub>
Student or pupil ..... <input type="checkbox"/> <sub>1</sub>	Other (please specify) ..... <input type="checkbox"/> <sub>1</sub>

Q20. Is caring for children your main occupation?

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

Q21. If no, please tell us your main occupation using precise terms (e.g. 'national school teacher' instead of 'teacher'). \_\_\_\_\_

Q22. What is the highest level of education that you have completed?

No formal education ..... <input type="checkbox"/> <sub>1</sub>	Certificate ..... <input type="checkbox"/> <sub>5</sub>
Primary ..... <input type="checkbox"/> <sub>2</sub>	Diploma ..... <input type="checkbox"/> <sub>6</sub>
Junior Cert. or equivalent ..... <input type="checkbox"/> <sub>3</sub>	Degree ..... <input type="checkbox"/> <sub>7</sub>
Leaving Cert. or equivalent ..... <input type="checkbox"/> <sub>4</sub>	Postgraduate Degree ..... <input type="checkbox"/> <sub>8</sub>

Q23. Do you have any specific qualification in childcare excluding your experience of raising your own children?

No formal childcare qualification ..... <input type="checkbox"/> <sub>1</sub>
FETAC award (levels 4,5 or 6) ..... <input type="checkbox"/> <sub>2</sub>
HETAC or Third Level qualification from University, Inst of Tech, St Nicholas Montessori College etc. .... <input type="checkbox"/> <sub>3</sub>
A childcare award from outside Ireland ..... <input type="checkbox"/> <sub>4</sub>
Other related course(s) (e.g. teaching, nursing etc) please specify ..... <input type="checkbox"/> <sub>5</sub>

Q24. Have you undertaken any other training relevant to caring for children? Tick all that apply

Child psychology ..... <input type="checkbox"/> <sub>1</sub>	Nutrition/Diet ..... <input type="checkbox"/> <sub>4</sub>
Sign language ..... <input type="checkbox"/> <sub>2</sub>	Other ..... <input type="checkbox"/> <sub>5</sub>
First aid ..... <input type="checkbox"/> <sub>3</sub>	

Q25. How long have you regularly worked 10 or more hours per week in a childcare situation?

\_\_\_\_\_ years \_\_\_\_\_ months

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.  
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.  
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE  
THE GROWING UP IN IRELAND TEAM AT 01-8632000**