

## NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) 3-YEAR QUESTIONNAIRE

**STRICTLY CONFIDENTIAL**

### PRIMARY CAREGIVER TWIN QUESTIONNAIRE

GROUP        HHOLD          RESPONDENT

INTERVIEWER NAME \_\_\_\_\_ INTERVIEWER NO:

Time Section Started     (24 hour clock)      DATE: \_\_dd\_\_mm\_\_yy

We are seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

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

Child's Name: \_\_\_\_\_

[Interviewer: please record, height and weight of the Study Twin below:]

Height: \_\_\_\_\_ cms

Weight: \_\_\_\_\_ kgs

### INTRODUCTION

1. Can the following people usually tell the twins apart?

	Always/most of the time	Sometimes	Never/hardly ever
You.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Other family members.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Other people .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**2. At what age did you first start to notice differences, if any, between the twins in terms of . . . ?**

Height	_____ years or _____ months .....	<input type="checkbox"/> <sub>1</sub>	OR	No difference.....	<input type="checkbox"/> <sub>2</sub>
Weight	_____ years or _____ months .....	<input type="checkbox"/> <sub>1</sub>	OR	No difference.....	<input type="checkbox"/> <sub>2</sub>
Facial features	_____ years or _____ months .....	<input type="checkbox"/> <sub>1</sub>	OR	No difference.....	<input type="checkbox"/> <sub>2</sub>
Voice	_____ years or _____ months .....	<input type="checkbox"/> <sub>1</sub>	OR	No difference.....	<input type="checkbox"/> <sub>2</sub>
Personality	_____ years or _____ months .....	<input type="checkbox"/> <sub>1</sub>	OR	No difference.....	<input type="checkbox"/> <sub>2</sub>

**3. Which twin was born first?** \_\_\_\_\_ (child's first name only)

**4. Are you personally a twin (or triplet)?** Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**5. Have you had any other multiple births?** Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**5a.** \_\_\_\_\_ number of other children in multiple births

**6. Have any of the following women in your family had multiple births? (Tick all that apply)**

Your mother .....	<input type="checkbox"/> <sub>1</sub>	Twins' father's mother.....	<input type="checkbox"/> <sub>4</sub>
Your maternal grandmother .....	<input type="checkbox"/> <sub>2</sub>	Twins' father's maternal grandmother .....	<input type="checkbox"/> <sub>5</sub>
Your paternal grandmother.....	<input type="checkbox"/> <sub>3</sub>	Twins' father's paternal grandmother .....	<input type="checkbox"/> <sub>6</sub>
Other close blood relative (please specify) _____			<input type="checkbox"/> <sub>7</sub>

**7. Compared to typical siblings of a similar age, would you say that the twins' relationship is?**

Much closer	Somewhat closer	About the same	Somewhat more distant	Much more distant
<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>

**Section A - Child's Habits and Routines**

**I'd now like to ask you a few questions about <child's> habits and routines.**

**A1. On a normal day, what time in the evening does <child> usually go to sleep? \_\_\_\_\_ (24 hour clock)**

**A2. On a normal day, what time does <child> wake up at in the morning? \_\_\_\_\_ (24 hour clock)**

**A3. On a normal day how many hours would the <child> sleep *during* the day \_\_\_\_\_ hours**

**A4. How much is <child's> sleeping pattern or habits a problem for you?**

A large problem	A moderate problem	A small problem	No problem at all
<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub>

**A5. Does <child> wear nappies / training pants / pullups?**

	Always	Sometimes	Never
(a) during the day .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
(b) at night .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

**A6. How often does he/she suck a soother or his/her thumb or finger(s)?**

	Most of the time	Sometimes	Never
(a) Soother .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
(b) Thumb/finger(s) .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

**A7. [CARD A7] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.**

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

**A8. [Card A8] How often do you do the following when <child> misbehaves?**

	Never	Rarely	Now and Again	Regularly	Always	Can't say
A. Discuss/Explain why behaviour was wrong ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
B. Ignore him/her .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
C. Smack him/her .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
D. Shout or yell at him/her .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
E. Send him/her out of the room or to their bedroom or Naughty step .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
F. Take away treats .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
G. Tell him/her off .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
H. Bribe him/her .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

## Section B - Child's physical health and development

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

**B1. [Card B1] In general, how would you describe <child's> current health?**

Very healthy, no problems ..... 1

Healthy, but a few minor problems ..... 2

Sometimes quite ill..... 3

Almost always unwell..... 4

**B2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?**

Yes ..... 1      No..... 2 → **Go to C6z\_1**

**B3. [Card B3] What is this? [INT – code for up to 3 illnesses]**

a. Asthma.....	<input type="checkbox"/> 1
b. Cystic Fibrosis.....	<input type="checkbox"/> 2
c. Heart abnormalities .....	<input type="checkbox"/> 3
d. Eczema or any kind of skin allergy .....	<input type="checkbox"/> 4
e. Any kind of respiratory allergy (including hayfever).....	<input type="checkbox"/> 5
f. Any kind of food or digestive allergy .....	<input type="checkbox"/> 6
g. Problem with non-food allergies, such as to dust, animals or medicine.....	<input type="checkbox"/> 7
h. Bone, joint or muscle problems .....	<input type="checkbox"/> 8
i. A problem using his/her arms or legs .....	<input type="checkbox"/> 9
j. A problem using his/her hands or fingers .....	<input type="checkbox"/> 10

- k. Hyperactivity/Problems with attention ..... 11
- l. Severe behavioural problems ..... 12
- m. Diabetes ..... 13
- n. Kidney disease..... 14
- o. Migrainous headaches..... 15
- p. Epilepsy or seizures..... 16
- q. Down syndrome ..... 17
- r. Spina bifida/hydrocephalis..... 18
- s. Cerebral palsy ..... 19
- t. Autism Spectrum Disorder ..... 20
- u. Other (please specify)..... 21

[INT – CODE FOR UP TO 3 ILLNESSES]

**B4. Has this illness, condition or disability been diagnosed by a medical professional?**

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

**B5. Since when has <child> had this illness, condition or disability? \_\_\_\_\_month      \_\_\_\_\_year**

**B6. Do any of these illnesses hamper <child> in his/her daily activities?**

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

**B6z\_1. In the past year has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?**

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

**B6z\_2. How many separate episodes/bouts of wheezing with whistling on his/her chest has the child had in the past 12 months? \_\_\_\_\_ N**

**B6z\_3. Has the child been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) over the last 12 months?**

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

**B7. Has <child> had the Measles/Mumps/Rubella (MMR) vaccination?**

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

**B8. [Card B8] In the past 12 months, how many times have you seen, or talked on the telephone with any of the following about <child's> physical or emotional health?**

[INT: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]

- A general practitioner (GP) ..... \_\_\_\_\_ N
- A paediatrician / consultant / hospital doctor ..... \_\_\_\_\_ N
- A public health nurse ..... \_\_\_\_\_ N
- A practice nurse (i.e. a nurse in a G.P's surgery/clinic).... \_\_\_\_\_ N
- A psychiatrist/psychologist..... \_\_\_\_\_ N
- Accident and Emergency ..... \_\_\_\_\_ N
- A social worker..... \_\_\_\_\_ N

**B9a. Has <child> received a course of antibiotics in the past 12 months?**

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

**B9b. In total how many courses of antibiotics has <child> received in the past 12 months? \_\_\_\_\_ N**

**B10. Since the time of the last interview in MM/YY, approximately how many nights has <child> spent in hospital? \_\_\_\_\_ nights**

[INT: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']

**B11. Most children have accidents at some time. Has <child> ever had an accident or injury that required hospital treatment or admission?**

Yes ..... \_1 No ..... \_2

**B12. How many separate accidents has <child> ever had that required hospital treatment or admission?**  
\_\_\_\_\_ accidents

**B13. How many of these accidents involved bone fractures or breaks?** \_\_\_\_\_

**B14. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction?**

Yes, currently..... \_1 Yes, in the past ..... \_2 No ..... \_3

**B15. Does <child> currently have, or at any time in the past had, any sort of hearing problem requiring correction?**

Yes, currently..... \_1 Yes, in the past..... \_2 No..... \_3

**B16. Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it?**

Yes ..... \_1 No ..... \_2

**B17. Why did <CHILD> not get the medical care or treatment? Was this because [Tick all that apply]**

- (a) You couldn't afford to pay ..... \_1
- (b) The necessary medical care wasn't available or accessible to you ..... \_1
- (c) You could not take time off work to visit the doctor with <child> ..... \_1
- (d) You wanted to wait and see if the problem got better ..... \_1
- (e) Child refused/fear of doctor ..... \_1
- (f) Child is still on the waiting list ..... \_1
- (g) Other reason (please specify) ..... \_1

**B18. Do you have any concerns about how <child> talks and makes speech sounds? Would you say no, yes a little or yes a lot?**

No ..... \_1 Yes, a little ..... \_2 Yes, a lot ..... \_3 Don't know ..... \_4

**B19. [Card B19] In which areas does child have difficulties? What speech problems does <child> have? [TICK ALL THAT APPLY]**

- A. Reluctant to speak ..... \_1
- B. Speech not clear to the family ..... \_2
- C. Speech not clear to others ..... \_3
- D. Speech is developing slowly ..... \_4
- E. Difficulty finding words ..... \_5
- F. Difficulty putting words together ..... \_6
- G. Voice sounds unusual ..... \_7
- H. Stutters, stammers ..... \_8
- I. Lisp or difficulty pronouncing certain letter combination ... \_9
- J. Other (please specify) ..... \_10
- K. Don't know ..... \_99

**B20. Has <child> received any treatment for his/her speech or language problem?**

Yes ..... \_1 No ..... \_2

**B21. How old was <child> [in months] when he/she took his/her first steps unsupported?**

Interviewer: By unsupported I mean that the baby walked on his/her own without holding onto someone else or something else for support.

\_\_\_\_\_ months \_99 child cannot walk

**B22. [Card B22] Getting children to brush their teeth is a challenge faced by many parents. I'd like to ask you a few questions about <child's> teeth. How often is a toothbrush used to clean < child's > teeth?**

- More than twice a day ..... \_1
- Twice a day ..... \_2
- Once a day ..... \_3
- Less often than once a day ..... \_4
- Rarely ..... \_5
- Not at all ..... \_6

**B23. Has <child> been to visit the dentist because of a problem with his/her teeth?**

Yes ..... <sub>1</sub>

No..... <sub>2</sub>

**[BLAISE CONDITION: ASK B24 – B25 ONLY OF THOSE WHO WERE STILL BREASTFEEDING AT 9 MONTHS OF AGE]**

**B24. When we last interviewed you in \_\_\_\_\_, you told us that you were still breastfeeding <child>. Can I just check, are you still breastfeeding <child>? [Include expressed milk]**

Yes ..... <sub>1</sub>

No..... <sub>2</sub>

**B25. How old was <child> [in months] when he/she completely stopped being breastfed? \_\_\_\_\_ Months**

[Int: Only Accept answer in Months]

**B26. [Card B26] In the last 24 hours has <child> had the following foods and drinks once, more than once, or not at all?**

	Not At all	Once	More than Once
A. Fresh fruit .....	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
B. Cooked vegetables.....	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
C. Raw vegetables or salad.....	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
D. Hamburger, hot dog, sausage or sausage roll, meat pie, .....	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
E. Hot chips or French fries .....	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
F. Crisps or savoury snacks.....	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
G. Biscuits, doughnuts, cake, pie or chocolate.....	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
H. Sweets.....	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
I. Full fat cheese/yoghurt/ fromage frais .....	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
J. Low fat Cheese/ low fat yoghurt.....	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
K. Water (tap water / still water/ sparkling water) .....	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
L. Fizzy drinks / minerals / cordial / squash (diet).....	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
M. Fizzy drinks / minerals / cordial / squash (not diet).....	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
N. Full cream milk or full cream milk products .....	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
O. Skimmed/Semi-skimmed milk or Skimmed/Semi skimmed milk products.....	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**B27. [Card B27] Please read the following statements and indicate the answer which best describes how you deal with feeding your child. It is important to remember that there are no right or wrong answers to these questions, we are interested in what parents really feel and do.**

	Never	Rarely	Sometimes	Often	Always
1. I decide how many snacks my child should have.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
2. I give my child something to eat to make him/her feel better when s/he is feeling upset .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
3. I let my child decide when s/he would like to have her meal.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
4. I give my child something to eat if s/he is feeling bored .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
5. I insist my child eats meals at the table .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
6. I let my child eat between meals whenever s/he wants.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**B28. [Card B28] Which of these best describes <child's> weight?**

Underweight..... <sub>1</sub>

Normal weight..... <sub>2</sub>

Somewhat overweight..... <sub>3</sub>

Very Overweight .....

## Section C - Child's play and activities

**C1. [CARD C1] Look at the card, for each statement, please indicate the answer that best describes the <child's> behaviour at the present time.**

	Almost Never	Not Often	Variable usually does not	Variable usually does	Frequently	Almost always
A. This child is pleasant (smiles, laughs) when first arriving In unfamiliar places.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. This child plays continuously for more than 10 minutes at a time with a favourite toy .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. This child responds to frustration intensely (screams, yells) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. This child smiles when an unfamiliar adult plays with him/her .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. This child goes back to the same activity after a brief interruption (snack, trip to toilet) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
F. This child has moody "off" days when he/she is irritable all day .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
G. This child is outgoing with adult strangers outside the home .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H. This child stays with a routine task (dressing, picking up toys) for 5 minutes or more .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I. This child shows much bodily movement (stomps, writhes, swings arms) when upset or crying .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
J. This child is still wary of strangers after 15 minutes .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
K. This child stops to examine objects thoroughly (5 minutes or more) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
L. This child reacts strongly (cries, screams) when unable to complete a play activity .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
M. This child practices a new skill (throwing, building, drawing for 10 or more minutes) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**C2. Overall, compared to other children of the same age, do you think <child> is:**

Easier than average..... 1  
 About average..... 2  
 More difficult than average..... 3

**We are interested in the various kinds of activities that children do with their families. I would like you to think about activities which <child> may do at home. Please think about the usual pattern for <child> at the moment.**

**C3. [Card C3] Now I'd like to ask you about activities which <child> may do at home.**

a) On how many days in an average week does anyone at home read to <child>

<b>0 days</b>	<b>1 day</b>	<b>2 days</b>	<b>3 days</b>	<b>4 days</b>	<b>5 days</b>	<b>6 days</b>	<b>7 days</b>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

b) On how many days in an average week does anyone at home ever help <child> learn the ABC or alphabet

<b>0 days</b>	<b>1 day</b>	<b>2 days</b>	<b>3 days</b>	<b>4 days</b>	<b>5 days</b>	<b>6 days</b>	<b>7 days</b>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

c) On how many days in an average week does anyone at home ever help <child> with numbers or counting

0 days \_0 ..... 1 day \_1 ..... 2 days \_2 ..... 3 days \_3 ..... 4 days \_4 ..... 5 days \_5 ..... 6 days \_6 ..... 7 days \_7

d) On how many days in an average week does anyone at home ever help <child> learn songs, poems or nursery rhymes

0 days \_0 ..... 1 day \_1 ..... 2 days \_2 ..... 3 days \_3 ..... 4 days \_4 ..... 5 days \_5 ..... 6 days \_6 ..... 7 days \_7

e) On how many days in an average week does anyone play games [board games, jigsaws, card games etc. with child]

0 days \_0 ..... 1 day \_1 ..... 2 days \_2 ..... 3 days \_3 ..... 4 days \_4 ..... 5 days \_5 ..... 6 days \_6 ..... 7 days \_7

f) On how many days in an average week does <child> paint, draw, colour or play with play-doh at home

0 days \_0 ..... 1 day \_1 ..... 2 days \_2 ..... 3 days \_3 ..... 4 days \_4 ..... 5 days \_5 ..... 6 days \_6 ..... 7 days \_7

g) On how many days in an average week does anyone at home play active games with the child (e.g. football)?

0 days \_0 ..... 1 day \_1 ..... 2 days \_2 ..... 3 days \_3 ..... 4 days \_4 ..... 5 days \_5 ..... 6 days \_6 ..... 7 days \_7

C4. Typically, how many hours a day does <child> sit and watch television or videos/dvds?  
\_\_\_\_\_ hours \_\_\_\_\_ minutes [If none, enter 0 for hours and minutes]

C5. Is there a television or computer (including games console) in the child's bedroom?

Yes ..... \_1 No..... \_2

C6. [Card C6] What does <child> prefer to do when he/she has a choice about how to spend free time?

Usually chooses inactive pastimes like TV, drawing or playing with toys in one place..... \_1  
Usually chooses active pastimes like running around, riding push-cars, kicking balls..... \_2  
Just as likely to choose active as inactive ..... \_3

C7. Can your child ride a tricycle or other similar toy vehicle with pedals?

Yes, can use pedals to cycle ..... \_1  
Can sit on tricycle and push it along with his/her feet but does not pedal properly yet..... \_2  
No..... \_3  
Not sure/doesn't have tricycle..... \_4

C8. Can your child assemble simple jigsaw puzzles OR assemble and break-up lego/duplo pieces? (He/she can manipulate the pieces even if he/she does not solve the puzzle correctly)

Yes ..... \_1 No..... \_2 Not sure ..... \_3

## Section D - Child's Functioning and relationships

Now I'd like to ask you some questions about <child's> emotional health and wellbeing.

D1. [CARD D1] Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child's behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

	Not True	Somewhat True	Certainly True
A. Considerate of other people's feelings .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
B. Restless, overactive, cannot stay still for long .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
C. Often complains of headaches, stomach-aches or sickness .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
D. Shares readily with other children (treats, toys, pencils etc.).....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
E. Often has temper tantrums or hot tempers .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3



- F. Rather solitary, tends to play alone ..... 1 ..... 2 ..... 3
- G. Generally obedient, usually does what adults request ..... 1 ..... 2 ..... 3
- H. Many worries, often seems worried ..... 1 ..... 2 ..... 3
- I. Helpful if someone is hurt, upset or feeling ill ..... 1 ..... 2 ..... 3
- J. Constantly fidgeting or squirming ..... 1 ..... 2 ..... 3
- K. Has at least one good friend ..... 1 ..... 2 ..... 3
- L. Often fights with other children or bullies them ..... 1 ..... 2 ..... 3
- M. Often unhappy, down-hearted or tearful ..... 1 ..... 2 ..... 3
- N. Generally liked by other children ..... 1 ..... 2 ..... 3
- O. Easily distracted, concentration wanders ..... 1 ..... 2 ..... 3
- P. Nervous or clingy in new situations, easily loses confidence ..... 1 ..... 2 ..... 3
- Q. Kind to younger children ..... 1 ..... 2 ..... 3
- R. Often argumentative with adults ..... 1 ..... 2 ..... 3
- S. Picked on or bullied by other children ..... 1 ..... 2 ..... 3
- T. Often volunteers to help others (parents, teachers, other children) ..... 1 ..... 2 ..... 3
- U. Can stop and think things out before acting ..... 1 ..... 2 ..... 3
- V. Can be spiteful to others ..... 1 ..... 2 ..... 3
- W. Gets on better with adults than with other children ..... 1 ..... 2 ..... 3
- X. Many fears, easily scared ..... 1 ..... 2 ..... 3
- Y. Sees tasks through to the end, good attention span ..... 1 ..... 2 ..... 3

**D2. Does <child> have any brothers or sisters?**

Yes ..... 1      No ..... 2

**D3. [Card D3] In general, how well does <child> get on with his/her siblings?**

- Gets on well with his/her siblings ..... 1
- Mixed ..... 2
- Does not get on well with his/her siblings ..... 3
- Does not see them ..... 4

## Section E – Childcare Arrangements

Now I'd like to ask you some questions about childcare arrangements.

**E1. Is <child> currently being minded by someone other than you or your resident spouse / partner for 8 hours or more per week during the day?**

Yes ..... 1      No ..... 2      If no go to E8a

- E2. (a) Who minds <child> on a regular basis each week?**  
**(b) number of days per week <child> spends in each type of childcare**  
**(c) number of hours per week <child> spends in each type of childcare**  
**(d) how much you pay for this childcare for <child> per week**  
**(e) whether this is your main type of childcare**

	[Tick all that apply]	Number of days	Number of hours	Cost per week	Main type of care
a. A relative in your home	<input type="checkbox"/> 1 Go to E3a	_____ N	_____ N	€ _____	<input type="checkbox"/> 4
b. A non-relative in your home	<input type="checkbox"/> 2 Go to E4a	_____ N	_____ N	€ _____	<input type="checkbox"/> 4
c. A relative in their home	<input type="checkbox"/> 3 Go to E3b	_____ N	_____ N	€ _____	<input type="checkbox"/> 4
d. A non-relative in their home	<input type="checkbox"/> 4 Go to E4b	_____ N	_____ N	€ _____	<input type="checkbox"/> 4
e. Creche, Montessori, pre-school, naonri or other centre-based care setting , ...	<input type="checkbox"/> 5 Go to E5	_____ N	_____ N	€ _____	<input type="checkbox"/> 4
f. Other (please specify)	<input type="checkbox"/> 4 Go to E5	_____ N	_____ N	€ _____	<input type="checkbox"/> 4

If more than one child in childcare arrangement, take the average cost of childcare

**E3a. Please specify how this person is related to <child>**

- a. Grandmother of <baby> ..... 1
- b. Grandfather of <baby> ..... 2
- c. Aunt /Uncle of <baby> ..... 3
- d. Brother / Sister of <baby> ..... 4
- e. Non-resident Parent ..... 5
- f. Cousin of <baby> ..... 6
- g. Other relative ..... 7

**E3b. Please specify how this person is related to <child>**

- a. Grandmother of <baby> ..... 1
- b. Grandfather of <baby> ..... 2
- c. Aunt /Uncle of <baby> ..... 3
- d. Brother / Sister of <baby> ..... 4
- e. Non-resident Parent ..... 5
- f. Cousin of <baby> ..... 6
- g. Other relative ..... 7

**E4a. Which of the following best describes that person?**

- a. Au pair / Nanny (live in)..... 1
- b. Friend / Neighbour ..... 2
- c. Childminder ..... 3
- d. Other ..... 6

**E4b. Which of the following best describes that person?**

- a. Friend / Neighbour..... 2
- b. Childminder ..... 3
- c. Other..... 6

**E5. What age was <child> when you started to use the main childcare arrangement? \_\_\_\_\_ months**

[INT: IF ANSWER AT E2 IS (A) OR (B) PLEASE GO TO E7]

**E6a. In total, how many children (including <child>) are looked after in the room where <child> is cared for?**

\_\_\_\_\_ number of children

**E6b. In total, how many adults supervise the children in the room where <child> is cared for?**

\_\_\_\_\_ number of adults

**E7. [Card E7] The next questions are about your childcare arrangements. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.**

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. There are plenty of toys, books, pictures and music for my child .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My caregiver knows a lot about children and their needs .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My child is happy in this arrangement .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. The place where my child is cared for is kept clean.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child spends time learning letters and numbers .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**E8a. Have you heard of and do you intend to avail of the free preschool year scheme?**

["All children aged between 3 years 3 months and 4 years 6 months at September 1st each year are eligible for the free pre-school year scheme which entitles them to receive free pre-school provision of between 2 and 3 hours per day."]

- 1. Currently availing of the preschool scheme ..... 1
- 2. Have heard of and plan to avail of the preschool scheme ..... 2
- 3. Have heard of but unsure if I will avail of the preschool scheme ..... 3
- 4. Have heard of but don't plan to avail of..... 4
- 5. Have never heard of the preschool scheme ..... 5

**E8b. Why not?**

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Note: 3 hours per day over 38 weeks per year (or 2 hours and 15 minutes per day over 50 weeks)

**E9. Have you registered or enrolled <child> with a primary school?**

- No..... 1
- Yes, with one school..... 2
- Yes, with more than one school..... 3
- Not registered, <child> will definitely attend local school..... 4

**E10a. Is <child> cared for on a regular basis for 8 hours or more per week?**

Yes ..... 1      No..... 2

**E10b. We would like to send a short questionnaire to the person/centre who provides this care to <child>. Would you be able to provide us with the contact details for the person or centre who provides this care to <child>?**

- Yes..... 1
- No, does not wish regular carer to be contacted..... 2
- No, does not have contact details for regular carer..... 3

**Interviewer:**  
Record contact details of regular carer on the Work Assignment Sheet

## Section F – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

**F1. [Card F1]** The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)

	Never / Almost never	Rarely	Sometimes	Often	Always / Almost always
(a) Hug or hold this child for no particular reason .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(b) Tell this child how happy he/she makes you .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(c) Have warm, close times together with this child .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(d) Enjoy listening to this child and doing things with him/her .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(e) Feel close to this child both when he/she was happy and when he/she was upset .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(f) Express affection by hugging, kissing and holding this child .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**F2. [Card F2]** When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)

	Never / Almost never	Less than half the time	About half the time	More than half the time	All the time
(a) Of all the times you talk to this child about his/her behaviour, how often is this praise .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(b) Of all the times you talk to this child about his/her behaviour, how often is this disapproval.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(c) When you give this child an instruction or request to do something, how often do you make sure that he/she does it .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(d) If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(e) How often does this child get away with things that you feel should have been punished .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(f) How often are you angry when you punish this child .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(g) How often do you feel you are having problems managing this child in general .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(h) How often is this child able to get out of punishment when he/she really sets his/her mind to it .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(i) When you discipline this child, how often does he/she ignore the punishment .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(j) How often do you tell this child that he/she is bad or not as good as others .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(k) How often do you think that the level of punishment you give this child depends on your mood .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**F3. What is <child's> first language?**

English ..... <sub>1</sub>      Irish.....<sub>2</sub>      Other (please specify)..... <sub>3</sub>

### OBSERVATIONS

Now I would like to ask you some questions about how <child> uses his/her hands and legs.

Interviewer: ask the parent to get the child to do the following activities so that you can observe the child.

**3. Please ask your child to stand on one leg. Interviewer: Have you observed the child to stand on one leg?**

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

**4. Please ask your child throw a ball overhand. Interviewer: have you observed the child throwing a ball overhand? (letting it fall to the ground does not count)**

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

5. Using this pencil and piece of paper, please draw a vertical line from the top to the bottom of the page. Now ask your child to copy your line, but do not let him/her trace it. Interviewer: have you observed the child to draw a vertical line even if it is not perfectly straight. (See pictures)

Yes ..... <sub>1</sub>

No ..... <sub>2</sub>



Count as yes

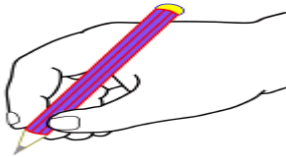


Count as no

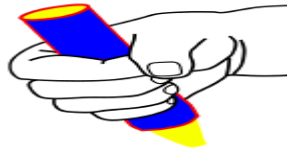
6. Interviewer: When copying the line, does the child hold the crayon like the child in picture A (between thumb and forefinger)?

Yes ..... <sub>1</sub>

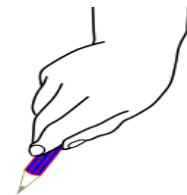
No ..... <sub>2</sub>



Picture A (correct)



B. Incorrect



C. Incorrect