

GROWING UP IN IRELAND STRICTLY CONFIDENTIAL

5-YEAR QUESTIONNAIRE – Draft of 20/02/13

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 ___ 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 Children and Youth Affairs is funding the study in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Skills 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.

Section A - Introduction

Child's Name: _____

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

Height: _____ cms

Weight: _____ kgs

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

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

2a. Have you had any other **multiple** births, since the twins were born ? Yes 1 No 2

2b. _____ number of other children in multiple births

3. Compared to typical siblings of a similar age, would you say that the twins' relationship is?
[INTERVIEWER: Read out answer categories]

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

Section B - Child's Sleep and Relationships

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

B1a. On a normal day, what time in the evening does <child> usually go to bed? _____ (24 hour clock)

B1b. On a normal day, what time does <child> wake up at in the morning? _____ (24 hour clock)

B2. On a normal day how many hours would the <child> sleep during the day _____ hours _____ mins
[INT: IF NONE THEN ENTER '0' FOR BOTH HOURS AND MINUTES]

B3. How much is <child's> sleeping pattern or habits a problem for you? Would you say... [INT: READ OUT]

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

B4a. How often does <child> take comfort from a special blanket or toy during the daytime?

Most of the time □₁ Sometimes □₂ Never..... □₃

B4b. How often does <child> take comfort from a special blanket or toy during the nighttime?

Most of the time □₁ Sometimes □₂ Never..... □₃

B5a. How often does <child> suck a soother during the daytime?

Most of the time □₁ Sometimes □₂ Never..... □₃

B5b. How often does <child> suck a soother during the nighttime?

Most of the time □₁ Sometimes □₂ Never..... □₃

B6a. How often does <child> suck their thumb/finger(s) during the daytime?

Most of the time □₁ Sometimes □₂ Never..... □₃

B6b. How often does <child> suck their thumb/finger(s) during the nighttime?

Most of the time □₁ Sometimes □₂ Never..... □₃

B7. [CARD B7] 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	Does not really apply	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
b. My child and I always seem to be struggling with each other.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
c. If upset, my child will seek comfort from me.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
d. My child is uncomfortable with physical affection or touch from me....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
e. My child values his/her relationship with me.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
f. When I praise my child he/she beams with pride.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
g. My child spontaneously shares information about his/herself.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
h. My child easily becomes angry at me.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
i. It is easy to be in tune with what my child is feeling.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
j. My child remains angry or is resistant after being disciplined.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
k. Dealing with my child drains my energy.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
l. When my child is in a bad mood I know we're in for a long and difficult day.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
m. My child's feelings toward me can be unpredictable or can change suddenly.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
n. My child is sneaky or manipulative with me.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅
o. My child openly shares his/her feelings and experiences with me.....	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅

B8. [CARD B8] 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"/> 6
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"/> 6
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"/> 6
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"/> 6
e. Send him/her out of the room or to his/her 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"/> 6
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"/> 6
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"/> 6
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"/> 6

Section C - Child's physical health and development

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

C1. [CARD C1] 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

C2. 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 C5**

C3. [CARD C3] What longstanding illness, condition or disability does <child> have? [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 or food intolerance.....	<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 ADD / ADHD.....	<input type="checkbox"/> 11
l. Severe behavioural problems.....	<input type="checkbox"/> 12
m. Diabetes.....	<input type="checkbox"/> 13
n. Kidney disease.....	<input type="checkbox"/> 14
o. Migrainous headaches.....	<input type="checkbox"/> 15
p. Epilepsy or seizures.....	<input type="checkbox"/> 16
q. Down syndrome.....	<input type="checkbox"/> 16
r. Spina bifida/hydrocephalis.....	<input type="checkbox"/> 16
s. Cerebral palsy.....	<input type="checkbox"/> 16
t. Autism Spectrum Disorder.....	<input type="checkbox"/> 17
u. Other (please specify).....	<input type="checkbox"/> 18

[INT – CODE FOR UP TO 3 ILLNESSES]
C3_1. Has this illness, condition or disability been diagnosed by a medical professional?
 Yes 1 No..... 2
C3_2. Since when has <child> had this illness, condition or disability? _____ year

C3_3. Since when has <child> had this illness, condition or disability? _____ month

C4. Do any of these illnesses hamper <child> in his/her daily activities?

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

C3f_4. To which food or foods. Please specify all types of food to which <child> has a food or digestive allergy or food intolerance

Food 1: _____ Food 2: _____ Food 3: _____

C5a. In the past 12 months has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes ₁ No..... ₂

C5b. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? _____ N

C6. In the past 12 months has your child been prescribed the following specifically for this wheezing with whistling on his/her chest?

	Yes	No
a) An inhaler	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Antibiotics.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) A nebuliser	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

C7. Can you tell me whether <child> has received the following vaccinations:

(a) the '4-in-1' vaccination (diphtheria, tetanus, pertussis and polio)

Yes..... ₁ No..... ₂ Don't Know/Never heard of it..... ₃

(b) the 'MMR' vaccination (Measles/Mumps/Rubella) after he/she started school at 4-5 years

Yes..... ₁ No..... ₂ Don't Know/Never heard of it..... ₃

C8. [CARD C8] 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. A general practitioner (GP) _____ N
- b. A paediatrician / consultant / hospital doctor _____ N
- c. A public health nurse _____ N
- d. A practice nurse (i.e. a nurse in a GP's surgery/clinic)... _____ N
- e. A psychiatrist/psychologist..... _____ N
- f. Accident and Emergency..... _____ N
- g. A social worker..... _____ N
- h. A speech therapist..... _____ N
- i. Other medical professional (please specify)..... _____ N

C9a. Has <child> received a course of antibiotics in the past 12 months?

Yes ₁ No..... ₂

C9b. In total, how many courses of antibiotics has <child> received in the past 12 months? _____ N

C10. 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']

C11. Most children have accidents at some time. Has child ever had an accident or injury for which <pronoun> has been taken to the doctor, health centre or hospital?

Yes ₁ No ₂

C12. How many separate accidents has <child> ever had? _____ accidents

C13. [CARD C13] Thinking about the MOST RECENT (or only) accident or injury, what sort of accident or injury was it?

- Loss of consciousness / knocked out ₁
- Bang on the head / injury to head without being knocked out ₂
- Broken bone or fracture ₃
- Near drowning ₄
- Swallowed household cleaner / other poison / pills ₅
- Swallowed object ₆
- Cut needing stitches or glue ₇
- Injury to mouth or tooth ₈
- Burn or scald ₉
- Other (please specify) _____ ₁₀

C14. What age was <child> when this MOST RECENT (or only) accident or injury happened?

_____ Years _____ Months

C15a. Did <child> go to the hospital? Yes ₁ No ₂

C15b. Was this to Casualty / Accident and Emergency only or was he/she admitted to a hospital ward?

- Casualty / Accident and Emergency only ₁
- Admitted to a Hospital Ward ₂

C16. Where did this accident happen?

- In your home ₁
- A friend's, neighbour's or relative's house ₂
- In childcare – childminder's house or creche/preschool ₃
- In school ₄
- Outside in your local neighbourhood ₅
- Outside, somewhere else – not in your local neighbourhood ₆
- Other (please specify) _____ ₇

C17. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction? [INTERVIEWER: Explain that 'correction' includes being prescribed glasses]

Yes, currently ₁ Yes, in the past ₂ No ₃

C18a. 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

C18b. Has <child> ever had grommets inserted in his / her eardrums?

Yes ₁ No ₂

C18c. When? Month _____ Year _____

C19. [CARD C19] 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 because: [INT: READ OUT]

- | | Yes | No |
|--|---------------------------------------|---------------------------------------|
| a. You couldn't afford to pay | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. The necessary medical care wasn't available or accessible to you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. You could not take time off work to visit the doctor with <child> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. You wanted to wait and see if the problem got better | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Child refused / fear of doctor | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Child is still on the waiting list | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Other (please specify) _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

C20a. Is <child> currently on a waiting list for any type of medical assessment or treatment?

Yes ₁ No ₂

C20b. Please specify _____

C21. 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

C22. [CARD C22] In which areas does child have difficulties? What speech problems does <child> have?

	Yes	No		Yes	No
a. Reluctant to speak.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	g. Voice sounds unusual.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Speech not clear to the family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	h. Stutters, stammers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Speech not clear to others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	i. Lisp or difficulty pronouncing certain letter combinations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Speech is developing slowly.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	j. Other (please specify).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Difficulty finding words	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			
f. Difficulty putting words together.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂			

C23. Has <child> received any treatment for his/her speech or language problem?

Yes ₁ No..... ₂

C24. Has <child> been to visit the dentist because of a problem with his/her teeth?

Yes..... ₁ No..... ₂

C25a. Was there any time during the past 12 months when <child> really needed to consult a dentist but did not?

Yes..... ₁ No..... ₂

C25b. Was this because you could not afford it, or some other reason?

Could not afford it..... ₁ Other reason..... ₂

C26. [CARD C26] I would like you to tell me about your child's diet and the types of food <pronoun> does and doesn't eat. Looking at the card, please tell me how often, on average, your child eats these foods.

	Never	Less than once a month	At least once a month	At least once a week	Most days	Once a day	2-3 per day	4-5 per day	6+ per day
a. Ready to eat breakfast cereals .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
b. Other breakfast cereals									
e.g. porridge	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
c. White bread and rolls	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
d. Wholemeal, brown bread and rolls	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
e. Other breads e.g. scones, croissants.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
f. Savoury breads, e.g. pizza.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
g. Rice, pasta, noodles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
h. Cakes, pastries, buns.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
i. Biscuits - any	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
j. Chocolate or confectionery	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
k. Other sweets.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
l. Ice cream or ice lollies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
m. Puddings & chilled desserts	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
n. Yoghurt (flavoured or plain but not fromage frais)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
o. Fromage frais (e.g. Petit Filous)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
p. Cheese or cheese spread	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
q. Milk (cow's)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉

r.Eggs (include in home cooking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s.Fruit squash (tropical fruit, lemon barley, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t.Fruit juice (not squash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u.Blackcurrant only drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v.Fizzy drinks (not mineral water, sugar-free or diet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w.Baked beans - canned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x.Peas, in any form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y.Leafy green vegetables e.g. spinach, cabbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z.Other green vegetables e.g. green beans, broccoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa.Chips, fried potatoes (e.g. waffles etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab.Other potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac.Carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ad.Other root vegetables apart from carrots and potatoes e.g. parsnips, turnips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ae.Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
af.Apples or pears (fresh)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ag.Soft fruits (e.g. peaches, nectarines, grapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ah.Citrus fruits (e.g. orange, tangerines, satsumas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ai.Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aj.Cucumber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ak.Fresh tomatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
al.Salad (e.g. lettuce)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
am.Butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
an.Low fat spread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ao.Other spreads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ap.Oils (e.g. vegetable, olive sunflower)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aq.Fish or shellfish including fish fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ar.Sausage, frankfurters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
as.Liver (but not liver products e.g. pâté)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
at.Beef, e.g. roast, steak, in stews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
au.Beef, e.g. minced, burgers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
av.Lamb, e.g. roast, steak, in stews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aw.Pork, e.g. as a roast or chops in stir fries etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ax.Bacon, rashers, ham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ay.Chicken and poultry, e.g. as a roast, in casseroles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
az.Chicken and poultry, e.g. as nuggets or breaded chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ba.Crisps or other packet snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C27. [CARD C27] Which of these best describes <child's> weight?

[INTERVIEWER: Ask the respondent to use codes 1-4 as on the card if child is present at time of interview]

Underweight	<input type="checkbox"/>
Normal weight	<input type="checkbox"/>
Somewhat overweight	<input type="checkbox"/>
Very overweight	<input type="checkbox"/>

C28. Is <child> right or left-handed? Right-handed₁ Left-handed.....₂ Don't know₃

C29. [CARD C29] How often would you say <child>.....

	Never	Seldom	Often	Almost always
a.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
n.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
o.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
p.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
q.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
r.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
s.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
t.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
u.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
v.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
w.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
x.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
y.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
z.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Section E - Child's play, activities and temperament

The next section is about activities you may carry out with <child>.

E1. [CARD E1] 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 shy with strange adults	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. When this child starts a project such as a puzzle or model, he/she works on it without stopping until it is completed, even if it takes a long time.....	<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. If this child wants a toy or sweet while shopping, he/she will easily accept something else instead	<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 is shy when first meeting new children	<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 likes to complete one task or activity before going onto the next	<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. When this child is angry about something, it is difficult to sidetrack 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
g. When in a park or visiting, this child will go up to strange children and join in their play	<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 an activity (e.g. puzzle, construction kit, reading) for a long time.....	<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. When shopping together, if I do not buy what this child wants (e.g. sweets, clothing), he/she cries and yells 1 2 3 4 5 6
- j. When unknown adults visit our home, this child is immediately friendly and approaches them 1 2 3 4 5 6
- k. If this child is upset, it is hard to comfort him/her 1 2 3 4 5 6
- l. When a toy or game becomes difficult, this child quickly turns to another activity 1 2 3 4 5 6

E2. Overall, compared to other children of the same age, do you think <child> is... [INT: READ OUT]

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

E3a. [CARD E3a] How often would you do any of the following with <child>?

- | | Never | Hardly ever | Occasionally | One or two times a week | Everyday | N/A |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Play with <child> using toys or games / puzzles | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| b. Play computer games with <child> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| c. Visit the library | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| d. Listen to <child> read..... | <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. Read to <child> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| f. Use computer with <child> in educational ways | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| g. Sport or physical activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| h. Go on educational visits outside home such as museums, farms | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| i. Go shopping..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |

E3b. [CARD E3b] Does <child> do any of the following at home?

- | | Never | Hardly ever | Occasionally | One or two times a week | Everyday |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Plays on computer, tablet device (eg iPad) or smartphone (e.g. iPhone) by themselves | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. Plays "make believe" or pretend games | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. Paints, draws or makes models | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. Enjoys dance, music, movement..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

E4. [CARD E4] In the past month, has <child> done any of these things with you or another family member?

- | | Yes | No |
|---|----------------------------|----------------------------|
| a. Gone to a movie | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Gone to a sporting event in which the child was not a player | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Gone to a concert, play, museum, art gallery, community or school event..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Attended a religious service, church, temple, synagogue or mosque..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Visited a library | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Swimming | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

E5. [CARD E5] Does <child> attend a sports club or sports group

- Never 1
- Twice a month 2
- Regularly, one hour per week 3
- Regularly, two hours per week 4
- Regularly, more than two hours per week 5
- Don't know 6

E6. Looking at Card E6, can you tell me how often <child>

- | | Never | Less than once per week | 1-2 times per week | 3-6 times per week | Every day | Don't know |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Climbs on trees, climbing frame, wall bars etc..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| b) Plays with a ball | <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) Plays chasing | <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) Rides a bike, tricycle or scooter | <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) Skates | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

E7. About how many children's books does <child> have access to in your home now, including any library books? Would you estimate... [INT: READ OUT]

None.....1 21 to 30.....4
 Less than 102 More than 30.....5
 10 to 203

E8a. I would like you to think about all the time <child> spends on an average weekday looking at the TV, videos, dvds, computer, Ipad, smart phones, electronic games system. We are talking here about the amount of time <child> spends in front of any 'screen' (computer or TV or game) in an average weekday. How much time would <child> spend on this type of 'screen time' on an average weekday?

None1 1-less than 2 hours.....2 2- less than 3 hours ...3 3 or more hours4

E8b. What does <child> MOSTLY do on that 'screen time'? Is s/he usually:

Playing educational games1
 Playing other games.....2
 Watching movies, videos, other TV.....3
 Doing a mixture of all types of activities.....4

E9. Does your child ever access the internet using a computer, tablet, smartphone or game system (e.g. Xbox) at home?

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

E10. Is <child> supervised by you or another adult when he/she accesses the internet?

Always.....1 Sometimes2 Never3

Section F - Child's Functioning and relationships

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

F1. [CARD F1] 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Generally obedient, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Many worries, often seems worried.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Has at least one good friend.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Often fights with other children or bullies them.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Often unhappy, down-hearted or tearful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
p. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
q. Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
r. Often lies or cheats.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
s. Picked on or bullied by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
t. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
u. Thinks things out before acting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
v. Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
w. Gets on better with adults than with other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
x. Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
y. Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

F2. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes, minor difficulties	Yes, definite difficulties	Yes, severe difficulties
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....

F3. How long have these difficulties been present?

Less than a month1 1 -5 months2 6-12 months3 Over a year4

F4. Do the difficulties upset or distress your child?

Not at all1 Only a little2 Quite a lot3 A great deal4

F5. Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
a. Home life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Friendships.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Classroom learning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Leisure activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

F6. Do the difficulties put a burden on you or the family as a whole?

Not at all1 Only a little2 Quite a lot3 A great deal4

F7. Does <child> have any brothers or sisters?

Yes1 No2

F8. [CARD F8] In general, how well does <child> get on with his/her siblings?

Gets on well with his/her siblings1
 Mixed2
 Does not get on well with his/her siblings3
 Does not see them4

Section G – School / Childcare / Preschool

G1. Has <child> started Junior Infants in primary school?

Note that the Early Start Programme is counted as preschool (not primary school). The Early Start Programme provides preschool places for 3 and 4 year olds in a small number of primary schools around the country.

Yes1 GO TO SECTION G1, QUESTION G2
 No2 GO TO SECTION G2, QUESTION G35
 Child is homeschooled2 GO TO SECTION G1, QUESTION G20

Section G1 – Child has started school

Subsection A – School details, school choice and transition to school

Now I'd like to ask you some questions on school details, school choice and transition to school

G2. When did he/she start Junior Infants in primary school? _____ month _____ year

G3. What school is <child> currently attending? Please give the full name and address as exactly as possible

Name of school: _____

Address 1: _____

Address 2: _____

Address 3: _____

Address 4: _____

County: _____

G4. And (can I just check) is it a single sex or mixed school?

Single sex₁ Mixed sex₂ Mixed sex Juniors, Single sex Seniors ₃

G5. What class (or year) is <child> currently in?

[INTERVIEWER: If interview is in July / August please enter the class <child> has just completed]

Junior Infants₁
 Senior Infants₂
 First class₃
 Other (please specify)₄

G6. When did you register or enroll Study Child with the school?

_____ month _____ year

G7a. Had you registered or enrolled <child> in other primary schools?

Yes₁ **G7b. How many?** _____
 No₂

G8. Does <child> have any older brothers or sisters in the school they are attending?

Yes₁ No₂

The next few questions are about the time when you were deciding to enroll <child> at a primary school.

G9. [CARD G9] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources?

	Yes	No
a. Primary school staff	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Preschool staff (e.g. nursery or playgroup staff).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Other parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Your siblings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. School website.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Other (please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

G10. Did you have a choice about which school <child> would go to? Yes ₁ No ₂

[CARD G10] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school

	Very important	Somewhat important	Not very important	Not at all important
a. It's the local school or nearest to home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. His/her friends go or were intending to go there.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. His/her brother/sister went/go there	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. General good impression of school/good reputation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. The ethos of the school in terms of religion or beliefs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. The gender mix of the school (co-educational/single sex)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Language of instruction used in the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Other reason (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

G11. [CARD G11] Did you do any of the things on this card to get <child> ready for starting school?

	Yes	No
a. You attended an information meeting arranged by the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. You decided to visit the school before the Study Child started	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Sought advice from friends, neighbours and/or family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Practised reading, writing or numbers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Talked to the Study Child about school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Something else (Please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

G12. [CARD G12] I am going to read out a series of statements about how you felt about Study Child starting school, please tell me how much you agree or disagree with each statement.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I felt that <child> was able to mix with other children well enough to get along at primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I believe that <child> understood enough about taking turns and sharing to manage at primary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. <Child> could go to the toilet on his/her own before starting primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I felt that <child> had the pre-reading and writing skills necessary to start school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I was worried that <child> would find being apart from me too difficult.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. I was concerned that <child> would be reluctant to go to primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. I was worried that <child> was not independent enough to cope with primary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G13. How often would you or your spouse / partner usually speak in person to <child's> teacher?

Daily1 Weekly2 Monthly3 Less often4

G14. [CARD G14] Children sometimes have problems adjusting to primary school. On average, since <child> has started primary school...

	More than once a week	Once a week or less	Not at all
a. How often has <child> complained about school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. How often has <child> said good things about school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. How often has <child> looked forward to going to school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. How often has <child> been upset or reluctant to go to school?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

The next few questions are about how you think <child> is getting on at school.

G15a. How do you feel about the pace of learning at school for Study Child? Do you feel it is...

[INT: Read out]

Too fast for <child>1
 Just right for <child>.....2
 Too slow for <child>.....3

G15b. And which of these statements best describes how <child>is finding his/her school work?

[INT: Read out]

<Child>usually finds school work hard1
 <Child>sometimes finds school work hard2
 <Child>never finds school work hard.....3

G16. How confident are you that you know what your child is learning or doing in school?

Very confident1 Somewhat confident 2 Not very confident ...3 Not at all confident 4

G17. [CARD G17] How is information communicated to you from the school?

	Yes	No
a. Chatting informally with teacher	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Parent-teacher meeting / other formal meeting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Newsletter.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Written report.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Phone call.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Text message	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Letter or note with the child or in his / her journal.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. What child tells me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. School's website or blog.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

G18. [CARD G18] Can you tell me how much you agree or disagree with these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
a.<Child> finds it hard to sit still and listen in class	<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.<Child's > teacher knows him/her well and gives him/her just the support he/she needs	<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.<Child> was happier with the way he/she learned things in preschool/nursery	<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.<Child> has adjusted easily to the way they do things in school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

G19. Who usually minds <child> if he/she is too sick to attend school?

[Interviewer: Read out answer categories]

Mother	<input type="checkbox"/> 1	Father	<input type="checkbox"/> 2	Parents take turns	<input type="checkbox"/> 3	Grandparents	<input type="checkbox"/> 4
Other relative	<input type="checkbox"/> 5	Friend/ Neighbour	<input type="checkbox"/> 6	Childminder	<input type="checkbox"/> 7	Other (please specify)	<input type="checkbox"/> 8

Subsection B – Term-time out of school care for those who have started school

Now I'd like to ask you some questions about childcare arrangements for Study Child after school during the school term

G20. Is <child> minded by someone other than you or your resident spouse / partner on a regular basis after school, during the school year (between September and June)?

Yes 1 No 2 Go to G28

G21. (a) [Card G21] Who minds <child> on a regular basis each week after school?

- (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 G22a	_____ N	_____ N	€ _____	<input type="checkbox"/>
b. A non-relative in your home.....	<input type="checkbox"/> 2 Go to G23a	_____ N	_____ N	€ _____	<input type="checkbox"/>
c. A relative in their home.....	<input type="checkbox"/> 3 Go to G22b	_____ N	_____ N	€ _____	<input type="checkbox"/>
d. A non-relative in their home.....	<input type="checkbox"/> 4 Go to G23b	_____ N	_____ N	€ _____	<input type="checkbox"/>
e. After School Service within School	<input type="checkbox"/> 5	_____ N	_____ N	€ _____	<input type="checkbox"/>
f. Other After School Service (e.g. in creche, community centre etc)	<input type="checkbox"/> 6	_____ N	_____ N	€ _____	<input type="checkbox"/>
g. Other (please specify)	<input type="checkbox"/> 7	_____ N	_____ N	€ _____	<input type="checkbox"/>

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

G22a. [CARD G22] Please specify how this person is related to <child>

1. Grandmother of <child>..... 1
2. Grandfather of <child>..... 2
3. Aunt /Uncle of <child> 3
4. Brother / Sister of <child>..... 4
5. Non-resident Parent
6. Cousin of <child>..... 6
7. Other relative

G22b. [CARD G22] Please specify how this person is related to <child>

1. Grandmother of <child>..... 1
2. Grandfather of <child>..... 2
3. Aunt /Uncle of <child> 3
4. Brother / Sister of <child>..... 4
5. Non-resident Parent
6. Cousin of <child>..... 6
7. Other relative

G23a. [CARD G23a] Which of the following best describes that person?

1. Au pair / Nanny (live in)..... 1
2. Friend / Neighbour
3. Childminder
4. Other

G23b. [CARD G23b] Which of the following best describes that person?

1. Friend / Neighbour..... 1
2. Childminder
3. Other..... 3

G24. What age was <child> when you started to use the main childcare arrangement? _____ years _____ months

[INT: IF ANSWER AT G21 IS (A) OR (B) PLEASE GO TO G26]

G25a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?

_____ number of children

G25b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?

_____ number of adults

G26. [CARD G26] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

How often do the following statements describe your experience?

	Never	Rarely	Sometimes	Often	Always
a. There are lots of creative activities going on.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. It's an interesting place for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. 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
d. In care, my child has many natural learning experiences.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The caregiver provides activities that are just right for my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My child gets a lot of individual attention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. My child likes the caregiver	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G27. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...

[INT:Read out]

Very easy .. 1 Easy ... 2 Neither easy nor difficult 3 Difficult 4 Or very difficult... 5 Don't pay 6

Subsection C – Attendance at Preschool prior to starting school

Now I'd like to ask you some questions about attendance at preschool prior to starting school

Children aged between 3 years 3 months and 4 years 6 months on the 1st of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

G28. Did you avail of the free preschool year for the Study Child?

Yes 1 No 2 Never heard of it..... 3

G28b. Why not? _____

G28c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?

Yes, would have sent him/her anyway 1 No, wouldn't have been able to send him / her 2

G29. How best would you describe the setting in which the free preschool year was made available:

- Preschool 1
- Naionra..... 2
- Montessori..... 3
- Creche..... 5
- Playgroup..... 5
- Other group care setting (please specify) _____ 6

G30a. What age was <child> when he/she first attended Free Preschool Year? Age: _____ years _____ months

G30b. What age was <child> when he/she finished attending this Free Preschool Year? Age: _____ years _____ months

G31a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?

Only 3 hours per day ₁ Topped up with more hours ₂

G31b. How many additional hours in this same preschool setting per week? _____ hours

G31c. How much did you pay per week in total for these additional hours? _____ euros

G32. [CARD G32] The next questions are about <child>'s preschool. Please read each statement and indicate how characteristic each statement was of the preschool.

How often did the following statements describe your experience

	Never	Rarely	Sometimes	Often	Always
a. There were lots of creative activities going on.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. It was an interesting place for my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. There were 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
d. In care, my child had many natural learning experiences.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. The caregiver provided activities that are just right for my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. My child felt safe and secure in care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. The caregiver was warm and affectionate toward my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. It was a healthy place for my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. My child was treated with respect.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. My child was safe with this caregiver	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. My child got a lot of individual attention.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. My caregiver and I shared information	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. My caregiver was open to new information and learning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. My caregiver showed she (he) knew 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
o. The caregiver handled discipline matters easily without being harsh	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
p. My child liked the caregiver	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
q. My caregiver was supportive of me as a parent.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
r. My caregiver was happy to see my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

G33. How confident were you that you knew what your child was learning or doing in preschool?

Very confident ₁ Somewhat confident ₂ Not very confident ₃ Not at all confident ₄

G34. Who usually minded <child> if he/she was too sick to attend preschool?

[Interviewer: Read out answer categories]

Mother ₁ Father ₂ Parents take turns ₃ Grandparents ₄
 Other relative ₅ Friend/ Neighbour ₆ Childminder ₇ Other (please specify) ₈

Section G2 – Child has not started school

Subsection A. Reasons for not starting school yet and preparations for starting school

G35. [CARD 35] When thinking about why you chose not to send <child> to primary school yet, how important were each of the following factors?

	Very important	Somewhat important	Not very important	Not at all important
a. I thought <child> was too young.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. I didn't think <child> was ready to start school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Not able to due to <child> health problem/disability.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. <Child> has problems with his/her speech or language development	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Preschool/School advised deferring entry	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Someone else advised deferring entry(Please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Something else (Please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

G36. Have you decided yet which school <child> will attend?

Yes ₁

No ₂

As you know, we would like to approach the schools being attended by the children in *Growing Up in Ireland* from next September so someone from Head Office will be in touch with you in August when things should be clearer for you in terms of which school <child> will be attending.

G37. Please record full name and address of the school <child> will attend.

Name of school: _____

Address 1: _____

Address 2: _____

Address 3: _____

Address 4: _____

County: _____

G38. When will <child> start school? Which month and year?

_____ month _____ year Haven't decided yet .. ₁

G39. When did you register or enroll Study Child with the school?

_____ month _____ year

G40. Does <child> have any older brothers or sisters in the school they will attend?

Yes ₁ No ₂

G41a. Have you registered or enrolled <child> in other primary schools?

Yes ₁ G41b. How many? _____
 No ₂

The next few questions are about the time when you were deciding to enroll <child> at a primary school.

G42. [CARD G42] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources? Please tick all that apply

- a. Primary school staff ₁
- b. Preschool staff (e.g. nursery or playgroup staff)..... ₂
- c. Friends ₃
- d. Other parents ₄
- e. Your siblings ₅
- f. School Website ₇
- g. Other (specify) _____ ₈

G43. Did you have a choice about which school <child> would go to? Yes ₁ No ₂

G44. [CARD G44] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school

	Very important	Somewhat important	Not very important	Not at all important
a. It's the local school or nearest to home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. His/her friends go or were intending to go there.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. His/her brother/sister went/go there	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. General good impression of school/good reputation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. The ethos of the school in terms of religion or beliefs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. The gender mix of the school (co-educational / single sex)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Language of instruction used in the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Other reason (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

G45. [CARD G45] Are you doing or do you plan to do any of the things on this card to get <child> ready for starting school?

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a. Attend an information meeting arranged by the school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Visit the school before the Study Child starts | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Seek advice from friends, neighbours and/or family | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Practice reading, writing or numbers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Talk to the Study Child about school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Something else (Please specify) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

G46. [CARD G46] I am going to read out a series of statements about how you feel about Study Child starting school, please tell me how much you agree or disagree with each statement.

- | | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. I feel that <child> will be able to mix with other children well enough to get along at primary school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. I believe that <child> understands enough about taking turns and sharing to manage at primary school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. <Child> can go to the toilet on his/her own before starting primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. I feel that <child> has the pre-reading and writing skills necessary to start school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e. I am worried that <child> will find being apart from me too difficult..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| f. I am concerned that <child> will be reluctant to go to primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| g. I am worried that <child> is not independent enough to cope with primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Subsection B Attendance at Preschool – Child NOT at school

Children aged between 3 years 3 months and 4 years 6 months on the 1st of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

G47a. Have you availed of the Free Preschool Year for the Study Child?

- Yes ₁ No ₂ GO TO G55 Never heard of it ₃ GO TO G55

G47b. Why not?

G47c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?

- Yes, would have sent him/her anyway ₁ No, wouldn't have been able to send him / her ₂

G48. How best would you describe the setting in which the free preschool year was made available:

- Preschool ₁
 Naionra..... ₂
 Montessori..... ₃
 Creche..... ₄
 Playgroup..... ₅
 Other group care setting (please specify) _____ ₆

G49a. What age was <child> when he/she first attended Free Preschool Year? Age: _____ years _____ months

G49b. What age was <child> when he/she finished attending this Free Preschool Year OR What age will <child> be when he/she finishes, if he/she has not yet finished? Age: _____ years _____ months

G50a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?

Only 3 hours per day ₁..... Topped up with more hours ₂

G50b. How many additional hours in this same preschool setting? _____ hours

G50c. How much did you pay per week in total for these additional hours? _____ euros

G51. [CARD 51] Children sometimes have problems adjusting to preschool. On average, since child has started preschool...

	More than once a week	Once a week or less	Not at all
a. How often has <child> complained about preschool?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. How often has <child> said good things about preschool?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. How often has <child> looked forward to going to preschool?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. How often has <child> been upset or reluctant to go to preschool?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

G52. [Card G52] The next questions are about <child>'s preschool. Please read each statement and indicate how characteristic each statement is/was of the preschool.

How often do/did the following statements describe your experience

	Never	Rarely	Sometimes	Often	Always
a. There are/were lots of creative activities going on.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. It is/was an interesting place for my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. There are/were 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
d. In care, my child has/had many natural learning experiences.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. The caregiver provides/provided activities that are/were just right for my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. My child feels/felt safe and secure in care.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. The caregiver is/was warm and affectionate toward my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. It is/was a healthy place for my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. My child is/was treated with respect	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. My child is/was safe with this caregiver.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. My child gets/got a lot of individual attention	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. My caregiver and I share/shared information	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. My caregiver is/was open to new information and learning.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. My caregiver shows/showed she (he) knows/knew 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
o. The caregiver handles/handled discipline matters easily without being harsh	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
p. My child likes/liked the caregiver	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
q. My caregiver is/was supportive of me as a parent	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
r. My caregiver is/was happy to see my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

G53. How confident are/were you that you know/knew what your child was learning or doing in preschool?

Very confident₁ Somewhat confident ₂ Not very confident ...₃ Not at all confident ₄

G54. Who usually minds <child> if he/she is too sick to attend preschool?

[Interviewer: Read out answer categories]

Mother₁ Father₂ Parents take turns₃ Grandparents₄
 Other relative₅ Friend/ Neighbour₆ Childminder₇ Other (please specify)₈

**Subsection C. Term-time care arrangement:
Additional care arrangements for children attending preschool
Alternative care arrangement for children not attending preschool**

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

G55. (Thinking of any care arrangements in addition to those provided by the Free PreSchool Year or additional hours availed of in this preschool setting) Thinking of the school year Sept 2012 to June 2013, was <child> 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 g64

**G56. (a) [Card G56] 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**

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

	[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 G57a	_____N	_____N	€ _____	<input type="checkbox"/> _4
b. A non-relative in your home	<input type="checkbox"/> _2 Go to G58a	_____N	_____N	€ _____	<input type="checkbox"/> _4
c. A relative in their home	<input type="checkbox"/> _3 Go to G57b	_____N	_____N	€ _____	<input type="checkbox"/> _4
d. A non-relative in their home	<input type="checkbox"/> _4 Go to G58b	_____N	_____N	€ _____	<input type="checkbox"/> _4
e. Creche, Montessori, preschool, naíonra or other centre-based care setting,	<input type="checkbox"/> _5	_____N	_____N	€ _____	<input type="checkbox"/> _4
f. Other (please specify)	<input type="checkbox"/> _6	_____N	_____N	€ _____	<input type="checkbox"/> _4

G57a. [Card G57] Please specify how this person is related to <child>

- a. Grandmother of <child>..... _1
- b. Grandfather of <child>..... _2
- c. Aunt /Uncle of <child> _3
- d. Brother / Sister of <child>..... _4
- e. Non-resident Parent _5
- f. Cousin of <child>..... _6
- g. Other relative _7

G57b. [Card G57] Please specify how this person is related to <child>

- a. Grandmother of <child>..... _1
- b. Grandfather of <child>..... _2
- c. Aunt /Uncle of <child>..... _3
- d. Brother / Sister of <child>..... _4
- e. Non-resident Parent _5
- f. Cousin of <child>..... _6
- g. Other relative _7

G58a. [Card G58a] 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

G58b. [Card G58b] Which of the following best describes that person?

- a. Friend / Neighbour..... _1
- b. Childminder _2
- c. Other..... _3

G59. What age was <child> when you started to use the main childcare arrangement? _____ years _____ months

[INT: IF ANSWER AT G56 IS (A) OR (B) PLEASE GO TO G61]

G60a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?

_____ number of children

G60b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?

_____ number of adults

G61. [Card G61] What is the main reason the Study Child is using regular child care at present?

- 1. Parent's work or study commitments..... _1
- 2. Parent's sport, shopping, social or community activities _2
- 3. Give parent a break or time alone..... _3
- 4. Good for child's social development/to mix with other children _4
- 5. Good for child's intellectual or language development _5
- 6. Establish relationships with grandparents or non-resident parents _6
- 7. Other..... _7

G62. [Card G62] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

Never Rarely Sometimes Often Always

How often do the following statements describe your experience

- a. There are lots of creative activities going on. 1 2 3 4 5
- b. It's an interesting place for my child. 1 2 3 4 5
- c. There are plenty of toys, books, pictures, and music for my child. 1 2 3 4 5
- d. In care, my child has many natural learning experiences. 1 2 3 4 5
- e. The caregiver provides activities that are just right for my child 1 2 3 4 5
- f. My child gets a lot of individual attention 1 2 3 4 5
- g. My child likes the caregiver 1 2 3 4 5

G63. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...

Very easy .. 1 Easy ... 2 Neither easy nor difficult .. 3 Difficult 4 Or very difficult..... 5 Don't pay 6

Section G3 – NOT IN SCHOOL AND NOT IN CHILDCARE:

G64. What is the main reason the Study Child does not have any regular child care arrangements at present?

- Parent is available, other care not needed 1
- Problems with getting child care places around here 2
- Childcare not available around here 3
- Transport problems to childcare 4
- Can't afford it - cost too high 5
- Concerned with quality of care 6
- Child has disability or special needs 7
- Didn't want child cared for by strangers..... 8
- Parent(s) is / are the best for the child at this age 9
- Other (please specify) _____ 10

Section G4 – CHILDCARE ARRANGEMENT WHEN CHILD TURNED 3 YEARS OF AGE:

G65. Thinking back to when <child> turned 3 years of age, before he/she started the free preschool year (if relevant), was he/she minded on a regular basis by anyone other than you or your resident spouse/partner for 8 or more hours per week?

Yes 1 No 2

G66. What age was <child> when you started to use that childcare arrangement. (If more than one type of childcare was used when <child> turned 3 years of age please answer in respect of the main type of care used)?

_____ years _____ months

Section H – Parenting and Family Context

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

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.

H2. [Card H2] 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Tell this child how happy he/she makes you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Have warm, close times together with this child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Enjoy listening to this child and doing things with him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Feel close to this child both when he/she was happy and when he/she was upset	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Express affection by hugging, kissing and holding this child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

H3. [Card H3] 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. How often does this child get away with things that you feel should have been punished?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. How often are you angry when you punish this child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. How often do you feel you are having problems managing this child in general?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. When you discipline this child, how often does he/she ignore the punishment?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. How often do you tell this child that he/she is bad or not as good as others?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. How often do you think that the level of punishment you give this child depends on your mood?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

H9. [Card H9] For the following items could you indicate whether or not the Study Child has the item and, if not, if it is because you couldn't afford it or for another reason?

	Yes	No, cannot afford	No, other reason
a. Does the child have some new (not second hand) clothes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Does the child have two pairs of properly fitting shoes, including a pair of all-weather shoes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Does the child eat fresh fruit and/or vegetables at least once a day?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Does the child eat three meals a day?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Does the child eat a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Does the child have books at home suitable for his/her age?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

- g. Does the child have outdoor leisure equipment (bicycle, roller skates, etc.)? ₁ ₂ ₃
- h. Does the child have indoor games (board games, computer games etc)? ₁ ₂ ₃
- i. Does the child participate in a regular leisure activity
(swimming, playing an instrument, youth organisations, etc.)? ₁ ₂ ₃
- j. Does the child have celebrations on special occasions
(birthdays, religious events)? ₁ ₂ ₃
- k. Does the child invite/have friends to your house to play and/or eat
from time to time? ₁ ₂ ₃
- l. Does the child participate in school trips and school events that cost money? ₁ ₂ ₃
- m. Does the child have a suitable place to study or do homework? ₁ ₂ ₃

H10. [Card H10] Looking at Card H10, has the Study Child ever experienced any of the following:

[Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW)

- C. Death of close friend ₁ ₂
 - E. Moving house ₁ ₂
 - F. Moving country ₁ ₂
 - G. Stay in foster home/ residential care..... ₁ ₂
 - H. Serious illness/injury..... ₁ ₂
 - N. Other disturbing event (please specify) ₁ ₂
-