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An Roinn Leanaí agus Gnóthaí Óige
 Department of Children and Youth Affairs



Trinity College Dublin
 Coláiste na Tríonóide, Baile Átha Cliath
 The University of Dublin

GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

PARENT/GUARDIAN ONE – MAIN QUESTIONNAIRE – 17-year-old Cohort

AREA

HOUSEHOLD

Interviewer Name _____

Interviewer Number

Date _____
 Day month year

Almost five years have passed since you and your family were interviewed as part of *Growing Up in Ireland*. At that time we explained that we would like to make a return visit for a follow-up interview to see how things have changed over the last few years. We are now seeking to interview <young person> and <his/her> parents who live here. The whole interview with <young person> and <his/her> parents will take about 2 - 2½ hours to complete [INTERVIEWER: Adjust as appropriate for you in the field].

As with the previous interviews, all the information given to a *Growing Up in Ireland* interviewer in the course of the survey is treated in the strictest confidence. However, if the interviewer observes something or is told something other than in answer to direct survey questions which causes them or the people running the Study to have serious concerns for the welfare of the Young Person or any other person, they may have to tell someone who can help.

Growing Up in Ireland is a Government study which is almost wholly funded by the Department of Children and Youth Affairs, in association with Department of Social Protection, the Central Statistics Office and the Department of Education & Skills. A part funding contribution in support of Phase 2 of *Growing Up in Ireland* (2015-19) has been generously provided by The Atlantic Philanthropies, a limited life foundation. The Department of Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

XA1. Last time we spoke this was <young person>'s MAIN address. Is this still what you consider to be <young person>'s MAIN address?

Yes ₁ GO TO XA4 No ₂

XA2. Is <young person> living elsewhere in the Republic of Ireland?

Yes..... ₁ No, emigrated/living abroad ₂ No, other (specify) _____ ₂

XA3. [if yes] Can you give me <young person>'s new MAIN address where we can attempt to interview him/her?

Int: Explain that you would like to interview Young Person at new MAIN address and get consent forms signed.
Record new address on Work Assignment Sheet and continue interview

XA4. [if parental home is <Young Person's> MAIN address] Does <young person> have any other temporary or part-time addresses – for example, student or work address during the week or during term-time? DO NOT INCLUDE HOLIDAY HOMES.

Yes..... ₁ No ₂ GO TO ZA1

XA5. [if has other address] [CARD XA5] How would you describe <young person's> household at this other temporary address?

- Lives alone in a house/flat ₁
- Lives in a house/flat with other relative(s) only ₂
- Lives in a house/flat-sharing arrangement with other adult(s) including relatives and non-relatives ₃
- Lives in 'digs' ₄
- Campus accommodation ₅
- Other (please specify) ₆

XA6. [if has other address] On average, how many nights per month does <YP> sleep in the parental home?

_____ (no.of nights per month)

Section ZA – Household Composition

YOUNG PERSON'S MAIN ADDRESS IS PARENTAL HOME

ZA1a. [INTERVIEWER: I'd like to begin by speaking to <primary caregiver at 13 years>. Is <primary caregiver at 13 years> still resident in the household?

Yes..... ₁ No..... ₂ → Go to ZA7a

ZA1b. Do you have a spouse/partner who lives here with you in the household?

Yes..... ₁ No..... ₂

ZA1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at 13 years] people lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.

The name, sex, date of birth, and relationship of each person to the <primary respondent at time 13 years> and <young person> will be checked and edited where necessary and their residency in the household at 17 years confirmed.

No.	First name	Sex M F	Date of Birth ____ _	Age If DOB not availa ble Y N	Still resident? Y N	Relationship of each member to Parent 1 and Young Person.		(E) Show Card PES								
						<u>R'SHIP TO:</u> CARD REL	<u>R'SHIP TO:</u> CARD REL	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other		
						Parent 1	Young Person									
1		<input type="checkbox"/> <input type="checkbox"/>	____ _		<input type="checkbox"/> <input type="checkbox"/>	///										
2		<input type="checkbox"/> <input type="checkbox"/>	____ _		<input type="checkbox"/> <input type="checkbox"/>	///										
3		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer: Parent One should be on line 1.

Young Person should be on line 2. Parent Two on line 3 (if relevant).

[BLAISE CONDITION: IF ANY PERSON RESIDENT AT 13 YEARS IS NO LONGER RESIDENT IN THE HOUSEHOLD AT 17 YEARS: ASK QUESTIONS AS1 – AS3 ON THE SENSITIVE QUESTIONNAIRE]

[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID AT 13 YEARS - ADD THEM TO THE NEW GRID BELOW]

ZA3a. Is anyone else currently living with you in the household whom we have not recorded above?

Yes..... ₁ No..... ₂ → Go to ZA4

No	First Name	Sex		Date of Birth	Age If DOB not available	Relationship of each member to Parent One and Young Person		Since when have they been living with you		Resident Y/N	Show Card PES						
		M	F			Parent One (Card REL)	Young Person (Card REL)	Month	YEAR		Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
21		<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"/>
22		<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"/>
23		<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"/>
24		<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"/>
25		<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"/>
26		<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"/>
27		<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"/>
28		<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"/>

[INT: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID AT ZA3b ABOVE INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]

ZA4. So that's a total of _____ people who live here in the household at present. Is that correct?

Yes..... ₁ No..... ₂ → [INT: Check Household Grid]

[ASK ONLY IF <PRIMARY CARER AT 13 YEARS> IS STILL RESIDENT IN THE HOUSEHOLD AT 17 YEARS.
ZA5. When we last spoke in [MM/YY], we interviewed you as the primary caregiver of <young person>. We would like you to complete the Parent One questionnaire with us on this occasion as well. Can I just check, are you still the main caregiver of <young person>?

Yes..... ₁ Go to ZA9a No..... ₂

ZA6a. Why is that? -----

IF PRIMARY CAREGIVER FROM 13 YEARS HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT ZA1b ABOVE] THEN:
ZA6b. You mentioned that <spouse/partner> [identified at ZA1b above] lives here with you as part of the household. This means that we should interview him/her as the main caregiver of <young person> on this occasion. Is that correct?

Yes ₁ No..... ₂ [[BLAISE INSTRUCTION - END OF THE INTERVIEW]

Go to ZA9a

IF RESPONDENT TO HOUSEHOLD SECTION AT 13 YEARS IS NO LONGER RESIDENT IN THE HOUSEHOLD AT 17 YEARS ASK ZA7a -

ZA7a. Are you the legal parent/guardian of Young Person's who usually provides the most care to him/her?

Yes ₁ No ₂ → [INT: Ask to speak to PCG]

ZA7b. [Card A7b] Can you please tell me which of the following best describes your relationship to <young person>?

[Interviewer use codes only]

- Biological mother/ father ₁ Grand parent ₅
 Adoptive mother/ father ₂ Aunt/uncle ₆
 Step-mother / Step-father / Partner of child's parent ₃ Other relative/ in law ₇
 Foster mother / father ₄ Unrelated guardian ₈

ZA7c. Do you have a spouse/partner who lives here with you in the household?

Yes..... ₁ No..... ₂

ZA8a. How many people in total (including yourself and <young person>) live here regularly as members of the household? _____ persons

No.	First name/Initial	Sex M F	Date of Birth	Age If DOB not available	Was this Person Resident at 13 year survey?		If not resident at 13 years of age		Relationship of each member to Parent One and Young Person	(E) Show Card PES										
					Y	N	Born into Hhld	Other Reason		Mth	Yr	R'SHIP TO: CARD REL Parent One	R'SHIP TO: CARD REL Young Person	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
51		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
52		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
53		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
54		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
55		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
56		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
57		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
58		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Go to ZA9a

ZA9a. Does <young person> have any full / half / step / adoptive brother(s) or sister(s) who live outside the household?

Yes ₁ No ₂

ZA9b. How many full / half / step / adoptive brother(s) or sister(s) does <young person> have who live outside the household? _____ n

ZA9c. For each full/half/step brother/sister who lives outside the household, can you tell me:

(a) their sex; (b) their Date of Birth (DOB); and (c) their relationship to <young person>

- Male Female Date of Birth Relationship to <young person>
 1. ₁ ₂ ___/___/___ SHOW CARD ZA9c
 2.. ₁ ₂ ___/___/___ SHOW CARD ZA9c
 3. ₁ ₂ ___/___/___ SHOW CARD ZA9c

X1. Respondent's sex: Male..... ₁ Female ₂

X2. Respondent's date of birth: day month year

SECTION A: PARENT'S HEALTH

Now I'd like to ask you some questions about your own health.

A1. [CARD A1] In general, how would you say your current health is?

- 1. Excellent ₁
- 2. Very Good ₂
- 3. Good ₃
- 4. Fair ₄
- 5. Poor ₅

A2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

A3. What is the nature of this problem, illness or disability? Please describe as fully as possible.
[Int. please record diagnosis – not symptoms of the problem. If multiple, record most severe problem first]

If multiple health problems, answer the following in respect of first problem listed at A3

A4. Has this health problem, illness or disability been diagnosed by a medical professional?
Yes ₁ No ₂

A5. Since when have you had this problem, illness or disability? _____(mth) _____(year)

A6. Are you hampered in your daily activities by this problem, illness or disability?
Yes, severely ₁ Yes, to some extent ₂ No ₃

A7. Thinking about your free-time, in general would you say you are...[INT:READ OUT]

- Very physically active ₁
- Fairly physically active ₂
- Not very physically active ₃
- Not at all physically active ₄

A8. [CARD A8] Do you think that you are:

[INT: ASK THE RESPONDENT TO USE CODES 1-8 AS ON THE CARD IF YOUNG PERSON IS PRESENT AT TIME OF INTERVIEW]

- 1. Very underweight ₁
- 2. Slightly underweight ₂
- 3. Moderately underweight ₃
- 4. About the right weight ₄
- 5. Slightly overweight ₅
- 6. Moderately overweight ₆
- 7. Very overweight ₇
- 8. Don't know ₈

A9. [CARD A9] How often do you try to lose weight through dieting? Would you say...[INT:READ OUT]

Very often ₁ Often ₂ Sometimes ₃ Rarely ₄ Never ₅

A10. Are you covered by a medical card?

Yes, full card ₁ Yes, doctor only card ₂ Not covered ₃

A11. Are you covered by private medical insurance?

Yes ₁ No ₂

A12. Does that insurance include the cost of GP visits?

Yes, in full ₁ Yes, partially ₂ No ₃

A13. Is <young person> covered by a medical card?

Yes, full card ₁ Yes, doctor only card ₂ Not covered ₃

A14. Is <young person> covered by private medical insurance?

Yes ₁ No ₂

A15. Does that insurance include the cost of GP visits?

Yes, in full ₁ Yes, partially ₂ No ₃

SECTION B: YOUNG PERSON'S HEALTH AND ILLNESS

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

B1. [CARD B1] In general, how would you describe <young person's> health in the past year?

1. Very healthy, no problems ₁
2. Healthy, but a few minor problems ₂
3. Sometimes quite ill ₃
4. Almost always unwell ₄

B2. [CARD B2] Does <young person> have any of the following long-lasting conditions or difficulties?

B3. [If yes, at B2] Since when has <young person> had this condition?

B4. [If yes, at B2] Is <young person> hampered in his/her daily activities by this condition or difficulty?

B5. [If yes, at B2] Has this condition been diagnosed by a professional?

	B2. Has?		B3. Since when?						B4. Hampered?			B5. Diagnosed?		
	Yes	No	m	m	y	y	y	y	Yes, severely	Yes to some extent	No	Yes	No	
a. Blindness or a serious vision impairment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Deafness or a serious hearing impairment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. An intellectual disability	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. A difficulty with learning, remembering or concentrating	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. A psychological or emotional condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. A difficulty with pain or breathing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Any other chronic illness or condition (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

B6. Was there any time during the past 12 months when <young person> really needed to consult a GP or specialist but did not?

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

B7. [CARD B7] What was the main reason for not consulting a GP or specialist [TICK ALL THAT APPLY]?

- a. You couldn't afford to pay ₁
- b. The necessary medical care wasn't available or accessible to you ₂
- c. You could not take time off work to visit the doctor with <young person> ₃
- d. You wanted to wait and see if the problem got better ₄
- e. Young person refused / fear of doctor ₅
- f. Young person is still on the waiting list..... ₆
- g. Too far to travel/no means of transport ₇
- h. Other (specify) ₈

B8. How many, if any, permanent teeth (i.e. 'secondary' or 'adult') teeth has <young person> had filled? [TICK ONE BOX ONLY]

None One Two Three or more

₀ ₁ ₂ ₃

B9. How many, if any, permanent teeth (i.e. 'secondary' or 'adult') teeth has <young person> had extracted? [TICK ONE BOX ONLY]

₀ ₁ ₂ ₃

SECTION C: FAMILY CONTEXT

Now some questions about your relationship with <young person>.

C1. Is <young person> still in education (school or college), finished within the last six months or left education more than six months ago?

Still in education..... ₁ Finished in last six months ₂ Left education more than six months ago..... ₃

C2. [CARD C2] [If YP still in education or finished in last 6 months] In this/most recent school or college year, how often have you or your spouse/partner (where relevant) done the following with <young person>: (Please tick ONE box on each line.)

- | | Never or
hardly
ever | A few
times a
year | About
once a
month | Several
times a
month | Several
times a
week |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Discussed how he/she is getting on with different subjects at school/college? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. Asked how he/she is coping with the amount of work (course-work etc) for his/her courses? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. Asked how he/she is getting on with teachers/lecturers? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. Discussed his/her plans for the future? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e. Asked how he/she is getting on with friends? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| f. Discussed how he/she did in tests or exams? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

C3. [CARD C3] [If YP still in education] Looking at Card C3, taking everything into account, how far do you expect <young person> will go in his/her education or training?

- Junior Certificate or equivalent ₁
- Leaving Certificate or equivalent ₂
- An apprenticeship or trade ₃
- Diploma/Certificate ₄
- Degree ₅
- Postgraduate/higher degree ₆
- Don't know ₇

C4. [CARD C4] The following are some questions on your knowledge of what <young person> does in his/her free time, where he/she goes, and who he/she has as friends.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
a. Do you know what <young person> does with his/her free 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
b. Do you know who he/she has as friends during his/her free 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. Do/did you usually know what type of homework he/she has/had.	<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. Do you know what he/she spends his/her money on	<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. Do/did you know when he/she has/had a test or homework due at 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
f. Do/did you know how he/she does/did in different subjects at 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
g. Do you know where he/she goes when out at night with friends	<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. Do/did you know where he/she goes/went and what he/she does/did after 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
i. How often in the last month have you had no idea where he/she was.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

C5. [CARD C5] The following are some questions about how much <young person> actually tells you about what he/she is doing, without being asked.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
a. Does he/she spontaneously tell you about his/her friends.	<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. Does/did he/she want to tell you about school (how subjects are going; relationships with teachers 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
c. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare 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
d. Does he/she hide a lot from you about what he/she is doing during nights and weekends	<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. Does he/she like to tell you what he/she has been doing and where he/she went when out for the evening.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

C6. Could you tell me whether or not you would describe the following as an immediate major concern or worry for you about <young person>? [CARD C6]

	Yes	No
a. How well he/she will do in education	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. He/she has or will develop a drink problem	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. He/she has or will develop a drug problem.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. He/she is or will get involved with the wrong type of friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. He/she has or will have an unhappy relationship	<input type="checkbox"/> 1	<input type="checkbox"/> 2

SECTION D: YOUNG PERSON'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the Young person's emotional health and well-being.

D1. [CARD D1] Listed on Card D1, is a set of statements which could be used to describe <young person'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 <young person'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 prefer to be 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

	Not True	Somewhat True	Certainly True
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

D2. [CARD D2] Listed on card D2 are a number of personality traits that may or may not apply to your child. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to him/her, even if one characteristic applies more strongly than the other.

I see my child as:

	Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
a. Extroverted, enthusiastic.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Critical, quarrelsome.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Dependable, self-disciplined.....	<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
d. Anxious, easily upset.....	<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
e. Open to new experiences, complex.....	<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
f. Reserved, quiet.....	<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
g. Sympathetic, warm.....	<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
h. Disorganized, careless.....	<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
i. Calm, emotionally stable.....	<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
j. Conventional, uncreative.....	<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

D3. [CARD D3] Which of the following conditions does/did <Young Person> have that affect/affected his/her learning in school?

D4 (if yes) Has this condition or disability been diagnosed by a professional?

D5 (if Diagnosed) At what age was it first diagnosed?

D6 (if yes at e or f) Was <Young Person> ever prescribed any medication for this condition?

	D3 Has?		D4. Diagnosed		D5. Age	D6. Medication?	
	Yes	No	Yes	No		Yes	No
a. Physical disability or visual or hearing impairment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		
b. SPECIFIC learning disability (e.g. Dyslexia, Dyscalculia, Dyspraxia.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		
c. GENERAL learning disabilities (Mild, Moderate, Severe/Profound).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		
d. Autism Spectrum Disorders (e.g. Autism, Aspergers syndrome).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		
e. Emotional or behavioural disorders (e.g. ADHD (Attention Deficit Hyperactivity Disorder)/ ADD).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Mental health difficulty.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Speech or language difficulty (including speech impediment).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		
h. Assessed Syndrome (e.g. Down Syndrome, Tourettes Syndrome).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		
i. Slow progress (reasons unclear).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		
j. Other (please specify) _____.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		

D7. [CARD D7] Please indicate if <Young Person> receives / received support from any of the following (1) IN SCHOOL and (2) OUTSIDE SCHOOL?

	(1) IN SCHOOL?		(2) OUTSIDE SCHOOL?	
	Yes	No	Yes	No
a. Special Needs Assistant	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Resource Teaching/ Learning Support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Visiting Teacher	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Exam accommodations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. National Educational Psychological Service	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Technical Assistance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Extra tuition/private tuition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Counsellor/guidance counsellor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Psychologist/school psychologist	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. Other counsellor (not guidance counsellor) ..	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
k. Social worker	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
l. Behavioural Management Programme	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
m. Psychiatrist.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
n. Physiotherapist	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
o. Transport Service	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
p. Other (please specify) _____ ..	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

SECTION E: PARENT’S SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

E1. [CARD E1] From this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation?

- Owned outright (without a mortgage) ₁
- Owned with a mortgage..... ₂
- Being purchased from a Local Authority under a Tenant Purchase Scheme ₃
- Rented from a Local Authority ₄
- Rented from a Voluntary Body ₅
- Rented from a Private Landlord..... ₆
- Living with and paying rent to your (or your partner’s) parent(s) ₇
- Occupied free of rent with your (or your partner’s) parent(s) ₈
- Occupied free of rent from your (or your partner’s) job ₉

E2. Do you feel that your current accommodation (excluding location) is suitable for your family’s needs?

Yes ₁ No ₂

E3. [CARD E3] Why is that? [TICK ALL THAT APPLY]

- | | | | |
|---|---------------------------------------|---|---------------------------------------|
| a. Not enough bedrooms | <input type="checkbox"/> ₁ | e. Problems with rats, mice, cockroaches etc..... | <input type="checkbox"/> ₅ |
| b. Not enough living space | <input type="checkbox"/> ₂ | f. Too noisy..... | <input type="checkbox"/> ₆ |
| c. Not enough bathrooms | <input type="checkbox"/> ₃ | g. Problems with neighbours..... | <input type="checkbox"/> ₇ |
| d. Poor conditions in the home (damp, drafts, leaks etc) .. | <input type="checkbox"/> ₄ | h. Other (specify) _____ | <input type="checkbox"/> ₈ |

E4. [CARD E4] Which of these descriptions BEST describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as 'O']

- | | | | |
|--|-----------------------------|--|------------------------------|
| 0. Currently on maternity leave, but with a job to return to | <input type="checkbox"/> _0 | 4. Student full-time | <input type="checkbox"/> _4 |
| 1. Employee (incl. apprenticeship or Community Employment) | <input type="checkbox"/> _1 | 5. On State training scheme (FAS, Failte Ireland etc)..... | <input type="checkbox"/> _5 |
| 2. Self employed outside farming | <input type="checkbox"/> _2 | 6. Unemployed, actively looking for a job | <input type="checkbox"/> _6 |
| 3. Farmer | <input type="checkbox"/> _3 | 7. Long-term sickness or disability..... | <input type="checkbox"/> _7 |
| | | 8. Home duties / looking after home or family | <input type="checkbox"/> _8 |
| | | 9. Retired..... | <input type="checkbox"/> _9 |
| | | 10. Other (please specify) _____ | <input type="checkbox"/> _10 |

E5. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs. _____ hours

E6. [CARD E6] What is your occupation in your main job?

In all cases please describe the occupation fully and precisely giving the full job title.
 Use precise terms such as: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER
 Do not use general terms such as: MANAGER, TEACHER, ENGINEER
 Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
 Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
 Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

E7. Do you supervise or manage any personnel in your job?

Yes _1 No _2

E8. How many? _____

[Ask if self-employed at E4]

E9. How many employees (if any) do you have? _____ employees N A _99

E10. [Ask only if Farmer at E4.] How many acres do you farm? _____ acres

Go to E24

Go to E11
↓

E11. Apart from holiday or casual work, have you ever had a job? Yes _1 No .. _2 **Go to E19**

E12. In what year did you last work in that full-time job? _____ year

E13. When you last worked in that full-time job were you?

Employee (incl. apprenticeship or Community Employment) _1 Self-employed outside farming _2 Farmer _3

E14. [CARD E14] What was your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title.
 Use precise terms such as: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER
 Do not use general terms such as: MANAGER, TEACHER, ENGINEER
 Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
 Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
 Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

E15. Did you supervise or manage any personnel in your job?

Yes _1 No _2

E16. How many? _____

[Ask if self-employed at E14]

E17. How many employees (if any) did you have? _____ employees N A 99

E18. [Ask only if Farmer at E14] How many acres did you farm? _____ acres

[ASK OF CODES 4 – 10]

E19. Do you currently have a part-time paid job outside the home? Yes 1 No 2 **Go to E23**

E20. On average, how many hours per week do you work in that paid job? _____ hours

E21. [CARD E21] What is your occupation in that job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

E22. If a farmer or a farm worker, write in the SIZE of the farm _____ acres

Go to E24

E23. [CARD E23] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

- a. I can't find a job..... _____
- b. I chose not to work..... _____
- c. I am caring for an elderly or ill relative or friend... _____
- d. I prefer be at home to look after my children myself _____
- e. I cannot earn enough to pay for childcare _____
- f. I cannot find suitable childcare _____
- g. There are no suitable jobs available for me _____
- h. My family would lose Social Welfare or medical benefits if I was earning _____
- i. Other reason (specify)..... _____

E24. [CARD E24] What is the occupation of your spouse / partner? [If not currently employed, please record last occupation]

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your the OCCUPATION of your spouse / partner

E25. If a farmer or a farm worker, how many acres do they farm? _____ acres

E26. [CARD E26] Please tell me how strongly you agree or disagree with the following statements.

Strongly Disagree	Disagree	Neither nor disagree	Agree	Strongly Agree	NA
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Because of your work responsibilities:

- A. You have missed out on home or family activities that you would have liked to have taken part in..... 1 2 3 4 5 6
- B. Your family time is less enjoyable and more pressured..... 1 2 3 4 5 6

Because of your family responsibilities:

- C. You have to turn down work activities or opportunities you would prefer to take on 1 2 3 4 5 6
- D. The time you spend working is less enjoyable and more pressured..... 1 2 3 4 5 6

SECTION F: PARENT'S BACKGROUND CHARACTERISTICS

Now some more questions about yourself

F1. [Forward feed of parental education from 13-year-cohort]

When we interviewed you when <young person> was 13 years of age we recorded that the highest level of education (full-time or part-time) which you had completed was <PCG at 13 year level of education>.

F2. Is this still the highest level of education you have completed to date?

Yes....._1 No, wrongly recorded at 13 years....._2 No, changed since 13 years....._2

F3. [CARD F3] Which of the following best describes the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education_1

2. Primary education_2

Second Level

3. Lower Secondary_3

(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).

4. Upper Secondary_4

(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent)

5. Technical or Vocational qualification....._5

(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).

6. Both Upper Secondary and Technical or Vocational qualification_6

Third Level

7. Non Degree_7

(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)

8. Primary Degree_8

(Third Level Bachelor Degree)

9. Professional qualification (of Degree status at least)....._9

10. Both a Degree and a Professional qualification_10

11. Postgraduate Certificate or Diploma....._11

12. Postgraduate Degree (Masters)_12

13. Doctorate (Ph.D)....._13

[Int. Ask F4 only if F3 is code 3 or higher]

F4. In what year did you get this qualification? _____

[Int. Ask F5 only if F3 is code 5 or higher]

F5. What is the name of this qualification? [Int. Record as much detail as possible]

[Int. Ask F6 only if F3 is code 5]

F6. Did you complete your Upper Secondary education (Leaving Certificate /'A' Levels or equivalent) before doing this qualification?

Yes_1 No_2

F7. At what age did you leave full-time education for the first time? _____ years

[INTERVIEWER: Code as '0' if respondent never undertook full-time education. Code 999 if still in full time education]

F8. What language do you speak most often at home?

English_1 Irish....._2 Other_3

F9. Do you belong to any religion?

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

F10. [CARD F10] Which religion?

1. Christian – no denomination_1

2. Roman Catholic_2

3. Anglican/Church of Ireland/Episcopalian....._3

4. Other Protestant_4

5. Jewish_5

6. Muslim_6

7. Other (please specify)....._7

F11. In general, would you describe yourself as a spiritual person (even if you do not belong to any religion)?

Not at all.....1 A little2 Quite.....3 Very much so4 Extremely5

F12. Are you a citizen of Ireland? Yes1 No2

F13. What citizenship do you hold? _____

F14. Were you born in Ireland? Yes1 No2

F15. In which country were you born? _____

F16. When did you first come to live in Ireland? [Int record year]

y	y	y	y

F17. [CARD F17] Looking at card F17, can you tell me, what is your ethnic or cultural background?

Please choose ONE section from 1 to 4 then tick the appropriate box.

1. White
 - Irish.....1
 - Irish Traveller2
 - Any other White background.....3
2. Black or Black Irish
 - African4
 - Any other Black background5
3. Asian or Asian Irish
 - Chinese6
 - Any other Asian background.....7
4. Other, including mixed background8

SECTION G: HOUSEHOLD INCOME

Now I would like you ask you a few questions about how your household is managing financially, about household income. Once again I would like to assure you that all information will be treated in the strictest confidence.

G1. [CARD G1] Looking at Card G1, which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner's income.

[INT. Tick 'Yes' or 'No' for each in Col. A]

G2. [CARD G2] And of these sources of income which is the largest source of income at present?

[Int Tick one box only in Col. B]

	<u>G1: Receive?</u>		<u>G2: Largest Source?</u>
	<u>Yes</u>	<u>No</u>	
a. Wages or Salaries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Income from Self-Employment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Income from Farming.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Children's Allowance/ Child Benefit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Other Social Welfare Payments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

G3. [CARD G3] If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax, PRSI and Universal Social Charge (USC), as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all household members. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO G4. IF EXACT FIGURE GIVEN GO TO G6]

Don't know.....99 € _____ per Week.....1 Month.....2 Year 3

G4. [CARD G4] I know that it is difficult to give an exact figure for household income but on Card G4 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax, PRSI and Universal Social Charge (USC) as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI. [Int: Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

Per Week	Per Month	Per Year	Category	
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> ₁ →	Section A, Card G5
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000	B <input type="checkbox"/> ₂ →	Section B, Card G5
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000	C <input type="checkbox"/> ₃ →	Section C, Card G5
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000	D <input type="checkbox"/> ₄ →	Section D, Card G5
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000	E <input type="checkbox"/> ₅ →	Section E, Card G5
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000	F <input type="checkbox"/> ₆ →	Section F, Card G5
€926 to under €1,150	€4,001 to under €5,000	€48,001 to under €60,000	G <input type="checkbox"/> ₇ →	Section G, Card G5
€1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000	H <input type="checkbox"/> ₈ →	Section H, Card G5
€1,501 to under €1,850	€6,501 to under €8,000	€78,001 to under €96,000	I <input type="checkbox"/> ₉ →	Section I, Card G5
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> ₁₀ →	Section J, Card G5
Refused	<input type="checkbox"/> ₇₇ GO TO G6	Don't Know	<input type="checkbox"/> ₈₈ GO TO G6	

G5. [CARD G5] Would that be [Int: Show Card G5 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

A	Per week	under €75..... <input type="checkbox"/> ₁	€75 to €150..... <input type="checkbox"/> ₂	€151 to €230..... <input type="checkbox"/> ₃
	Per Month	€0 to €300..... <input type="checkbox"/> ₁	€301 to €650..... <input type="checkbox"/> ₂	€651 to €1,000..... <input type="checkbox"/> ₃
	Per Year	€0 to €4,000..... <input type="checkbox"/> ₁	€4,001 to €8,000..... <input type="checkbox"/> ₂	€8,001 to €12,000..... <input type="checkbox"/> ₃
B	Per week	€231 to €270..... <input type="checkbox"/> ₁	€271 to €310..... <input type="checkbox"/> ₂	€311 to €350..... <input type="checkbox"/> ₃
	Per Month	€1,001 to €1,150..... <input type="checkbox"/> ₁	€1,151 to €1,350..... <input type="checkbox"/> ₂	€1,351 to €1,500..... <input type="checkbox"/> ₃
	Per Year	€12,001 to €14,000..... <input type="checkbox"/> ₁	€14,001 to €16,000..... <input type="checkbox"/> ₂	€16,001 to €18,000..... <input type="checkbox"/> ₃
C	Per week	€351 to €390..... <input type="checkbox"/> ₁	€391 to €420..... <input type="checkbox"/> ₂	€421 to €460..... <input type="checkbox"/> ₃
	Per Month	€1,501 to €1,700..... <input type="checkbox"/> ₁	€1,701 to €1,800..... <input type="checkbox"/> ₂	€1,801 to €2,000..... <input type="checkbox"/> ₃
	Per Year	€18,001 to €20,000..... <input type="checkbox"/> ₁	€20,001 to €22,000..... <input type="checkbox"/> ₂	€22,001 to €24,000..... <input type="checkbox"/> ₃
D	Per week	€461 to €500..... <input type="checkbox"/> ₁	€501 to €535..... <input type="checkbox"/> ₂	€536 to €575..... <input type="checkbox"/> ₃
	Per Month	€2,001 to €2,150..... <input type="checkbox"/> ₁	€2,151 to €2,300..... <input type="checkbox"/> ₂	€2,301 to €2,500..... <input type="checkbox"/> ₃
	Per Year	€24,001 to €26,000..... <input type="checkbox"/> ₁	€26,001 to €28,000..... <input type="checkbox"/> ₂	€28,001 to €30,000..... <input type="checkbox"/> ₃
E	Per week	€576 to €650..... <input type="checkbox"/> ₁	€651 to €750..... <input type="checkbox"/> ₂	€751 to €800..... <input type="checkbox"/> ₃
	Per Month	€2,501 to €2,800..... <input type="checkbox"/> ₁	€2,801 to €3,250..... <input type="checkbox"/> ₂	€3,251 to €3,500..... <input type="checkbox"/> ₃
	Per Year	€30,001 to €34,000..... <input type="checkbox"/> ₁	€34,001 to €38,000..... <input type="checkbox"/> ₂	€38,001 to €42,000..... <input type="checkbox"/> ₃
F	Per week	€801 to €850..... <input type="checkbox"/> ₁	€851 to €880..... <input type="checkbox"/> ₂	€881 to €925..... <input type="checkbox"/> ₃
	Per Month	€3,501 to €3,650..... <input type="checkbox"/> ₁	€3,651 to €3,800..... <input type="checkbox"/> ₂	€3,801 to €4,000..... <input type="checkbox"/> ₃
	Per Year	€42,001 to €44,000..... <input type="checkbox"/> ₁	€44,001 to €46,000..... <input type="checkbox"/> ₂	€46,001 to €48,000..... <input type="checkbox"/> ₃
G	Per week	€926 to €1,000..... <input type="checkbox"/> ₁	€1,001 to €1,050..... <input type="checkbox"/> ₂	€1,051 to €1,150..... <input type="checkbox"/> ₃
	Per Month	€4,001 to €4,300..... <input type="checkbox"/> ₁	€4,301 to €4,600..... <input type="checkbox"/> ₂	€4,601 to €5,000..... <input type="checkbox"/> ₃
	Per Year	€48,001 to €52,000..... <input type="checkbox"/> ₁	€52,001 to €56,000..... <input type="checkbox"/> ₂	€56,001 to €60,000..... <input type="checkbox"/> ₃
H	Per week	€1,151 to €1,250..... <input type="checkbox"/> ₁	€1,251 to €1,375..... <input type="checkbox"/> ₂	€1,376 to €1,500..... <input type="checkbox"/> ₃
	Per Month	€5,001 to €5,500..... <input type="checkbox"/> ₁	€5,501 to €6,000..... <input type="checkbox"/> ₂	€6,001 to €6,500..... <input type="checkbox"/> ₃
	Per Year	€60,001 to €66,000..... <input type="checkbox"/> ₁	€66,001 to €72,000..... <input type="checkbox"/> ₂	€72,001 to €78,000..... <input type="checkbox"/> ₃
I	Per week	€1,501 to €1,600..... <input type="checkbox"/> ₁	€1,601 to €1,750..... <input type="checkbox"/> ₂	€1,751 to €1,850..... <input type="checkbox"/> ₃
	Per Month	€6,501 to €7,000..... <input type="checkbox"/> ₁	€7,001 to €7,500..... <input type="checkbox"/> ₂	€7,501 to €8,000..... <input type="checkbox"/> ₃
	Per Year	€78,001 to €84,000..... <input type="checkbox"/> ₁	€84,001 to €90,000..... <input type="checkbox"/> ₂	€90,001 to €96,000..... <input type="checkbox"/> ₃
J	Per week	€1,851 to €2,100..... <input type="checkbox"/> ₁	€2,101 to €2,400..... <input type="checkbox"/> ₂	€2,401 or more..... <input type="checkbox"/> ₃
	Per Month	€8,001 to €9,250..... <input type="checkbox"/> ₁	€9,251 to €10,500..... <input type="checkbox"/> ₂	€10,501 or more..... <input type="checkbox"/> ₃
	Per Year	€96,000 to €110,000..... <input type="checkbox"/> ₁	€110,001 to €125,000..... <input type="checkbox"/> ₂	€125,001 or more..... <input type="checkbox"/> ₃

G6. Does anyone in your household currently receive any other Social Welfare payments?

Yes ₁ No ₂

G7. [CARD G7] Now I'd like to record information on any Social Welfare payments which are received by ANYONE in the household. Looking at Card G7, could you tell me whether or not ANYONE in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]

Social Welfare Payment		Social Welfare Payment	
UNEMPLOYMENT PAYMENTS			
Jobseeker's Benefit	<input type="checkbox"/> ₁	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> ₂
EMPLOYMENT SUPPORTS			
Family Income Supplement	<input type="checkbox"/> ₃	Back to Work Enterprise Allowance	<input type="checkbox"/> ₆
Farm Assist	<input type="checkbox"/> ₄	Part-time Job Incentive Scheme	<input type="checkbox"/> ₇
Back to Work Allowance (Employees)	<input type="checkbox"/> ₅	Back to Education Allowance	<input type="checkbox"/> ₈
Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> ₉	Rural Social Scheme	<input type="checkbox"/> ₁₀
Jobseeker's Transitional Payment	<input type="checkbox"/> ₄₆	Back to Work Family Dividend	<input type="checkbox"/> ₄₇
Short-Term Enterprise Allowance	<input type="checkbox"/> ₄₈		
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's or Widower's (Contributory) Pension	<input type="checkbox"/> ₁₁	Deserted Wife's Allowance	<input type="checkbox"/> ₁₅
Deserted Wife's Benefit	<input type="checkbox"/> ₁₂	Prisoner's Wife's Allowance	<input type="checkbox"/> ₁₆
Widowed Parent Grant	<input type="checkbox"/> ₁₃	One-Parent Family Payment	<input type="checkbox"/> ₁₇
Widow's or Widower's (Non-Contrib) Pension	<input type="checkbox"/> ₁₄	Transition from One-Parent Family Payment	<input type="checkbox"/> ₄₉
CHILD RELATED PAYMENTS			
Maternity Benefit	<input type="checkbox"/> ₁₈	Guardian's Payment (Contributory)	<input type="checkbox"/> ₂₁
Adoptive Benefit	<input type="checkbox"/> ₁₉	Guardian's Payment (Non-Contributory)	<input type="checkbox"/> ₂₂
Health & Safety Benefit	<input type="checkbox"/> ₂₀	Guardian/Orphan's pension	<input type="checkbox"/> ₂₃
After-School Child Care Scheme	<input type="checkbox"/> ₅₀		
DISABILITY AND CARING PAYMENTS			
Illness Benefit	<input type="checkbox"/> ₂₄	Prescribed Relative's Allowance	<input type="checkbox"/> ₃₂
Invalidity Pension	<input type="checkbox"/> ₂₅	Injury Benefit	<input type="checkbox"/> ₃₃
Disability Allowance	<input type="checkbox"/> ₂₆	Incapacity Supplement	<input type="checkbox"/> ₃₄
Blind Pension	<input type="checkbox"/> ₂₇	Disablement Benefit	<input type="checkbox"/> ₃₅
Carer's Benefit	<input type="checkbox"/> ₂₈	Medical Care Scheme	<input type="checkbox"/> ₃₆
Domiciliary Care Allowance	<input type="checkbox"/> ₂₉	Constant Attendance Allowance	<input type="checkbox"/> ₃₇
Carer's Allowance	<input type="checkbox"/> ₃₀	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> ₃₈
Half-rate Carer's Allowance	<input type="checkbox"/> ₃₁	Partial Capacity Benefit	<input type="checkbox"/> ₅₂
Respite Care Grant	<input type="checkbox"/> ₅₁		
RETIREMENT PAYMENTS			
State Pension (Transition)	<input type="checkbox"/> ₃₉	State Pension Non-Contributory	<input type="checkbox"/> ₄₁
State Pension (Contributory)	<input type="checkbox"/> ₄₀	Pre-Retirement Allowance	<input type="checkbox"/> ₄₂
OTHER PAYMENTS			
Fuel Allowance	<input type="checkbox"/> ₄₃	Diet/heating supplements	<input type="checkbox"/> ₄₅
Household Benefits Package (electricity/gas/phone)	<input type="checkbox"/> ₄₄	Living Alone Increase	<input type="checkbox"/> ₅₃

G8. Does anyone in your household currently receive rent or mortgage supplement? Yes... ₁ No... ₂

G9. How much does the household receive PER WEEK in rent or mortgage supplement? € _____

G10. Do you receive or have you received in the last 12 months, any of the following payments? [TICK ALL THAT APPLY]

- a. Back to school clothing and footwear allowance1
- b. Exceptional and urgent needs payments (from Community Welfare Officer)2
- c. Foster Care Allowance.....3

G11. [CARD G11] Looking at Card G11 and thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?

- | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| None | Less than 5 % | 5% to less than 20% | 20% to less than 50% | 50% to less than 75% | 75% to less than 100% | 100% |
| <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 |

G12. [CARD G12] For the following items could you indicate whether or not your household 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 your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. Does your household have a roast joint (or its equivalent) at least once a week? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. Do household members buy new rather than second-hand clothes? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. Does each household member possess a warm waterproof coat? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e. Does each household member possess two pairs of strong shoes? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f. Does the household replace any worn out furniture? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g. Does the household keep the home adequately warm? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| h. Does the household have family or friends for a drink or meal once a month? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| i. Does the household buy presents for family or friends at least once a year? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

G13. [CARD G13] A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| With great difficulty | With difficulty | With some difficulty | Fairly easily | Easily | Very easily |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

G14. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?)

- Yes1 No2

G15. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

- Yes1 No2

G16. [CARD G16] Why was that?

- | | |
|--|--|
| Didn't want to..... <input type="checkbox"/> 1 | Couldn't leave the children <input type="checkbox"/> 4 |
| Have a full social life in other ways <input type="checkbox"/> 2 | Illness <input type="checkbox"/> 5 |
| Couldn't afford to <input type="checkbox"/> 3 | Other (specify) <input type="checkbox"/> 6 |

G17. Does your family have a car?

- Yes1 No2

G18. Would your family like to have a car but you cannot afford it?

- Yes1 No2

G19. Compared to when <young person> was 13 years of age, do you think your family's financial circumstances have gotten worse, stayed the same or improved?

Gotten worse ₁ Stayed the same ₂ Improved ₃

G20. Why do you say that? _____

G21. [CARD G21] Are you currently having difficulty meeting any loan or debt repayments (from any source)?

A lot ₁ A little..... ₂ No difficulty..... ₃ No loans ₄

G22. [CARD G22] From where/whom did you get the loan(s) or debt(s) that you are having difficulty repaying?

[TICK ALL THAT APPLY]

- a. Mortgage ₁
- b. Other loan from a financial institution (e.g. bank or credit union) .. ₂
- c. Payment plan or hire-purchase agreement from a retailer ₃
- d. Credit card bill ₄
- e. Registered moneylender..... ₅
- f. Unregistered moneylender or 'loan shark' ₆
- g. Relative ₇
- h. Friend ₈
- i. Other (please specify) _____ ₉

G23. [CARD G23] Which of the following forms of financial support do you or your spouse / partner currently provide to <young person>, either directly or indirectly? [TICK ALL THAT APPLY]

- a. You pay for some or all of his/her education costs (fees, books, etc) ₁
- b. You pay for some or all of his/her grinds or private tuition ₂ **Go to G24a**
- c. You pay for some or all of his/her accommodation costs if living away from home.... ₃
- d. You pay for some or all of his/her transport costs (e.g. car insurance, train fare) ₄
- e. You give him/her money (to spend as he/she wishes) ₅ **Go to G26a**
- f. You loan him/her money and he/she pays you back..... ₆
- g. Other financial support (please specify) _____ ₇

G24a. [If pay for grinds or private tuition at G23b] Do / did you pay for grinds on an on-going basis throughout the year (every week / fortnight, etc.)?

Yes..... ₁ No..... ₂

G24b. Approximately how much did / do these on-going grinds cost?

€ _____ Per week ₁ Per month..... ₂ Per year ₃

G25a. [If pay for grinds or private tuition at G23b] Do / did you pay for grinds on a block basis e.g. at holiday times (Easter, etc.)?

Yes..... ₁ No..... ₂

G25b. Approximately how much in total did / do these blocks of grinds cost for the full school year?

€ _____ (amount per full school year)

G26a. [If give Young Person money at G23e] Is the money you give them to spend as they wish a regular payment like an allowance, irregular payments or both?

Regular payment ₁ Irregular payment ₂ Both regular and irregular ₃

G26b. How much money would you give them to spend as they wish in an average month?

€ _____ (amount per month)

G27. [CARD G27] Do you or your spouse/partner currently receive any of the following payments from <young person>? [TICK ALL THAT APPLY]

- a. He/she gives you money on a regular basis (i.e. a set amount per week or month) ₁
- b. He/she gives you some money towards their 'keep' now and then..... ₂
- c. He/she gives you money if you ask for it because you need it..... ₃
- d. He/she pays for particular household bills (e.g. a utility bill or for petrol in the car) . ₄
- e. He/she loans you money and you pay them back..... ₅
- f. Other financial support from the young person (please specify)..... ₆

SECTION H: NEIGHBOURHOOD / COMMUNITY INVOLVEMENT

We would like to ask you some questions about your local area.

H1. How long have you lived in your local area? _____ years OR _____ months

H2. Do you think you will be living in Ireland in 5 years time?

Definitely ₁ Probably..... ₂ Probably not ₃ Definitely not..... ₄ Undecided ₅

H3. [CARD H3] How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common, fairly common, not very common, or not at all common.

- | | Very
Common | Fairly
common | Not very
common | Not at all
common |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Rubbish and litter lying about..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b. Homes and gardens in bad condition | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c. Vandalism and deliberate damage to property | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d. People being drunk or taking drugs in public..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

H4. [CARD H4] To what extent do you agree or disagree with these statements?

- | | Strongly
Agree | Agree | Disagree | Strongly
Disagree |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. This is a safe area for my 17-year-old | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b. It is safe for me to walk alone in this area after dark | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c. As a family we are happy living in this area | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d. We as a family intend to continue living in this area..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e. There are places in this area where teenagers can safely hang out..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f. There are facilities such as youth clubs, swimming clubs, sports clubs,
for teenagers in this area | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

H5. [CARD H5] To what extent are you concerned about the activity of criminal gangs in your local area?

Very concerned ₁ Quite concerned... ₂ A little concerned ₃ Not concerned... ₄ Not applicable ... ₅

H6. [CARD H6] Please tell me why you are concerned about gang activity in this area – indicate as many as you wish. [TICK ALL THAT APPLY]

- a. Break ins ₁
- b. Drugs and drug related activity ₂
- c. Gang violence ₃
- d. Children/young people getting mixed up with gang members..... ₄
- e. Other (please specify) _____ ₅

SECTION J: INTERGENERATIONAL CHARACTERISTICS

Finally, we would like to ask you some questions about when you were growing up.

J1. [CARD J1] Thinking back to when you were 16 years of age, did you live: [TICK ONE BOX ONLY]

- with both parents? 1
- with single mother (one-parent family)? 2
- with single father (one-parent family)? 3
- with mother and mother's new partner/husband? 4
- with father and father's new partner/wife? ... 5
- in a foster home?..... 6
- in a collective household or institution?..... 7
- Other (specify) _____ 8

J2. When you were 16 years of age, how many brothers and sisters lived in the same household as you did?

_____ brothers and sisters

J3. A household may have different sources of income and more than one household member may contribute to it. Thinking back to when you were 16 years of age, concerning your household's total monthly or weekly income, with which degree of ease or difficulty was the household able to make ends meet?

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

J4. When you were 16 years of age was your father alive?

Yes 1 → I would like you to answer the following questions about your father thinking about when you were 16.

No 2 → I would like you to answer the following questions about your father thinking about just before he died

J5. [CARD J5] What was the highest level of education completed by your father?

- Primary level or no formal education..... 1
- Lower secondary level (e.g. Junior/Intermediate Certificate)..... 2
- Upper secondary level (e.g. Leaving Certificate) 3
- Third level or equivalent (e.g. Degree or professional qualification, etc) 4

J6. Approximately what age was your father when he left education?

_____ years

J7. Had your father a trade or served an apprenticeship such as an electrician, plumber, seamstress, etc?

Yes 1 No 2

J8. Which of the following best describes your father's main status with regard to work?

- a. Employee 1
- b. Self-employed (incl farmer) 2
- c. Unpaid family worker 3
- d. Unemployed 4
- e. Retired 5
- f. Fulltime housework 6
- g. Other (specify) _____ 7

J9. What was the main occupation of your father?

J10. What year was your father born in? _____

J11. [Only asked if still alive at J4] Is your father still alive?

Yes 1

No 2

J13. Approximately what age is he in years?

_____ years

J12a. [Also asked if deceased at J4] What age was your father when he passed away? _____

J12b. What did he die of? _____

J14. When you were 16 years of age was your mother alive?

Yes 1

→ I would like you to answer the following questions about your mother thinking about when you were 16.

No 2

→ I would like you to answer the following questions about your mother thinking about just before she died

J15. [CARD J15] What was the highest level of education completed by your mother?

- Primary level or no formal education..... 1
- Lower secondary level (e.g. Junior/Intermediate Certificate)..... 2
- Upper secondary level (e.g. Leaving Certificate) 3
- Third level or equivalent (e.g. Degree or professional qualification, etc) 4

J16. Approximately what age was your mother when she left education?

_____ years

J17. Had your mother a trade or served an apprenticeship such as an electrician, plumber, seamstress, etc?

Yes 1

No 2

J18. Which of the following best describes your mother's main status with regard to work?

- a. Employee 1
- b. Self-employed (incl farmer) 2
- c. Unpaid family worker 3
- d. Unemployed 4
- e. Retired 5
- f. Fulltime housework 6
- g. Other (specify) _____ 7

J19. What was the main occupation of your mother?

J20. What year was your mother born in? _____

J21. [Only asked if still alive at J4] Is your mother still alive?

Yes 1

No 2

J23. Approximately what age is she in years?

_____ years

J22a. [Also asked if deceased at J4] What age was your mother when she passed away? _____

J22b. What did she die of? _____