



An Institiúid um Thaighde Eacnamaíochta agus Sóisialta
 Cearnóg Whitaker, Cé Sir John Rogerson, Baile Átha Cliath
 The Economic and Social Research Institute
 Whitaker Square, Sir John Rogerson's Quay, Dublin 2
 (353 -1) 8632000 www.esri.ie admin@esri.ie



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 TWO – 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.

X1. Respondents' gender: Male..... ₁ Female ₂

X2. Respondents' 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

SECTION B: FAMILY CONTEXT

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

B1. [CARD B1] [If YP still in education] Looking at Card B1, 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

B2. [CARD B2] 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. **[MONITORING]**

- | | | 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you know who he/she has as friends during his/her free time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do/did you usually know what type of homework he/she has/had. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you know what he/she spends his/her money on | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do/did you know when he/she has/had a test or homework due
at school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Do/did you know how he/she does/did in different subjects at school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Do you know where he/she goes when out at night with friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Do/did you know where he/she goes/went and what he/she does/did
after school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. How often in the last month have you had no idea where he/she was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B3. [CARD B3] The following are some questions about how much <young person> actually tells you about what he/she is doing, without being asked. **[DISCLOSURE]**

- | | | 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does/did he/she want to tell you about school (how subjects are
going; relationships with teachers etc). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does he/she hide a lot from you about what he/she is doing during
nights and weekends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B4. 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 B4]

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

SECTION C: 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.

C1. [CARD C1] 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
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

C2. [CARD C2] Listed on card C2 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

SECTION D: PARENT'S SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

D1. [CARD D1] 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']

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

D2. 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

D3. [CARD D3] 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

D4. Do you supervise or manage any personnel in your job?

Yes 1 No 2

D5. How many? _____

[Ask if self-employed at D1]

D6. How many employees (if any) do you have? _____ employees N A 99

D7. [Ask only if Farmer at D1.] How many acres do you farm? _____ acres

Go to D21

D8. Apart from holiday or casual work, have you ever had a job? Yes 1 No .. 2 **Go to D16**

D9. In what year did you last work in that full-time job? _____ year

D10. 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

D11. [CARD D11] 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

Go to D8

D12. Did you supervise or manage any personnel in your job?

Yes _1 No _2

D13. How many? _____

[Ask if self-employed at D11]

D14. How many employees (if any) did you have? _____ employees N A _99

D15. [Ask only if Farmer at D11] How many acres did you farm? _____ acres

[ASK OF CODES 4 – 10]

D16. Do you currently have a part-time paid job outside the home? Yes _1 No _2 **Go to D20**

D17. On average, how many hours per week do you work in that paid job? _____ hours

D18. [CARD D18] 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

D19. If a farmer or a farm worker, write in the SIZE of the farm _____ acres

Go to D21

D20. [CARD D20] 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) _____

D21. [CARD D21] Please tell me how strongly you agree or disagree with the following statements.

Strongly Disagree	Disagree	Neither nor disagree	Agree	Strongly Agree	NA
----------------------	----------	-------------------------	-------	-------------------	----

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 E: PARENT'S BACKGROUND CHARACTERISTICS

Now some more questions about yourself

E1. [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>.

E2. 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

E3. [CARD E3] 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 E4 only if E3 is code 3 or higher]

E4. In what year did you get this qualification? _____

[Int. Ask E5 only if E3 is code 5 or higher]

E5. What is the name of this qualification? [Int. Record as much detail as possible]

[Int. Ask E6 only if E3 is code 5]

E6. Did you complete your Upper Secondary education (Leaving Certificate /'A' Levels or equivalent) before doing this qualification?

Yes_1 No_2

E7. 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]

E8. What language do you speak most often at home?

English_1 Irish....._2 Other_3

E9. Do you belong to any religion?

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

E10. [CARD E10] 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

E11. In general, would you describe yourself as a spiritual person (even if you do not belong to any religion)?

Not at all....._1 A little_2 Quite....._3 Very much so_4 Extremely_5

E12. Are you a citizen of Ireland? Yes ₁ No ₂

E13. What citizenship do you hold? _____

E14. Were you born in Ireland? Yes ₁ No ₂

E15. In which country were you born? _____

E16. When did you first come to live in Ireland? [Int record year]

y	y	y	y

E17. [CARD E17] Looking at card E17, 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 Traveller ₂
 - Any other White background..... ₃
- 2. Black or Black Irish
 - African ₄
 - Any other Black background ₅
- 3. Asian or Asian Irish
 - Chinese ₆
 - Any other Asian background ₇
- 4. Other, including mixed background ₈

SECTION F: INTERGENERATIONAL CHARACTERISTICS

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

F1. [CARD F1] Thinking back to when you were 16 years of age, did you live: [TICK ONE BOX ONLY]

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

F2. When you were 16 years of age, how many brothers and sisters lived in the same household as you did?

_____ brothers and sisters

F3. 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

F4. 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

F5. [CARD F5] What was the highest level of education completed by your father?

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

F6. Approximately what age was your father when he left education?

_____ years

F7. Had your father a trade or served an apprenticeship such as an electrician, plumber, seamstress, etc?

Yes ₁ No ₂

F8. 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

F9. What was the main occupation of your father?

F10. What year was your father born in? _____

F11. [Only asked if still alive at J4] Is your father still alive?

Yes ₁ No ₂

F13. Approximately what age is he in years?

_____ years

F12a. [Also asked if deceased at J4] What age was your father when he passed away? _____

F12b. What did he die of? _____

F14. 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**

F15. [CARD F15] What was the highest level of education completed by your mother?

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

F16. Approximately what age was your mother when she left education?

_____ years

F17. Had your mother a trade or served an apprenticeship such as an electrician, plumber, seamstress, etc?

Yes ₁ No ₂

F18. 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

F19. What was the main occupation of your mother?

F20. What year was your mother born in? _____

F21. [Only asked if still alive at J4] Is your mother still alive?

Yes ₁ No ₂

F23. Approximately what age is she in years?

_____ years

F22a. [Also asked if deceased at J4] What age was your mother when she passed away? _____

F22b. What did she die of? _____