

Growing Up in Ireland Primary Caregiver Questionnaire for Cohort '08 at 13 years of age

GROUP

H'HOLD

YOUNG PERSON NO.

Interviewer Name

Interviewer Number

Time Started

Date

day mth year

[Script at beginning of survey takes the respondent through the main points on the Information Sheet and affirms their consent to participate]

A. Household Composition

A1. [INTERVIEWER: I'd like to begin by speaking to <primary caregiver at previous wave>. Is <primary caregiver at previous wave> still resident in the household?

Yes ☐₁

No ☐₂

→ Go to A12

A1b. Do you have a spouse/partner who lives here with you in the household? Include spouse/partner temporarily working away from home.

Yes ☐₁

No ☐₂

A5. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at previous wave] 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.

A6*The name, sex, date of birth, and relationship of each person to the <PCG at previous wave> and <child> will be checked and edited where necessary and their residency in the household at this wave confirmed.*****

No.	First name	Sex	Date of Birth	Age If DOB not available	Still resident?	Relationship of each member to PCG and child.		(E) Main activity								
						R'SHIP TO: Mother	R'SHIP TO: Child	Not yet at	School/Ed	At	Unemploy	Retired	Home	Other		
															Y	N
		M F														
1		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	///	///									
2		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	///	///									
3		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂			<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		
4		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂			<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		
5		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂			<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		
6		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂			<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		
7		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂			<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		
8		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	____		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂			<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		

Interviewer: Primary Caregiver should be on line 1.

Child should be on line 2. Secondary Caregiver on line 3 (if relevant).

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

A3a. Has anyone else joined the household since we last spoke and is currently living with you?

Yes ☐1

No ☐2 → Go to A8

INT: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID BELOW INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]

No	First Name	Sex M F	Date of Birth	Age If DOB not avail.	Relationship of each member to PCG and child		Since when have they been living with you		Resident Y/N	Main activity						
					Mother	Child	Month	Year		Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
21		<input type="checkbox"/> 1 <input type="checkbox"/> 2	— — —							<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
22		<input type="checkbox"/> 1 <input type="checkbox"/> 2	— — —							<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
23		<input type="checkbox"/> 1 <input type="checkbox"/> 2	— — —							<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
24		<input type="checkbox"/> 1 <input type="checkbox"/> 2	— — —							<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
25		<input type="checkbox"/> 1 <input type="checkbox"/> 2	— — —							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	— — —							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	— — —							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	— — —							<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

A4. 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 <PREVIOUS WAVE PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT THIS WAVE.

A5. When we last spoke in [MM/YY], we interviewed you as the primary caregiver of <child>. We would like you to complete the primary caregiver questionnaire with us on this occasion as well. Can I just check, are you still the primary caregiver of <child>?

Yes ☐1 **Go to A20**

No ☐2

A10. Why is that?

IF PRIMARY CAREGIVER FROM PREVIOUS WAVE HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:

A11. You mentioned that <spouse/partner> [identified at A2 above] lives here with you as part of the household. This means that we should interview him/her as the primary caregiver of <child> on this occasion. Is that correct?

Yes ☐1

No ☐2 [[BLAISE INSTRUCTION - END OF THE INTERVIEW]

Go to A20

IF PRIMARY CAREGIVER AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD, ASK A12 – A19.

A12. Are you the parent / legal guardian of <child> who usually provides the most care to him/her?

Yes ☐1 → **Go to A13**

No ... ☐2 [INT: Ask to speak to PCG; → **Go to A13 with PCG**]

A13. Can you please tell me which of the following best describes your relationship to <child>?

[Interviewer use codes only]

- | | |
|--|---|
| Biological mother/ father <input type="checkbox"/> 1 | Grandparent <input type="checkbox"/> 5 |
| Adoptive mother/ father <input type="checkbox"/> 2 | Aunt/uncle <input type="checkbox"/> 6 |
| Step-mother / Step-father / Partner of child's parent <input type="checkbox"/> 3 | Other relative/ in law <input type="checkbox"/> 7 |
| Foster mother / father <input type="checkbox"/> 4 | Unrelated guardian <input type="checkbox"/> 8 |

A14. Do you have a spouse/partner who lives here with you in the household? Yes ... ☐1 No ... ☐2

A17. How many people in total (including yourself and <child>) live here regularly as members of the household? _____ persons

No	First name/ Initial	Sex	Date of Birth	Age If DOB not available	Was this Person Resident at previous wave?	Relationship of each member to mother and child.		(E) Main activity							
						R'SHIP TO: Mother	R'SHIP TO: Child	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other	
		M F			Y N										
51		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2	////		<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	
52		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2		////	<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	
53		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<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	
54		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<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	
55		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<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	

A18. Was that person born into the household or did they join for another reason?

Born into the household ☐1
 Joined for another reason (specify) _____ ☐2

A19. Since when has this person being living here in the household? _____(year) [If current or previous year] _____ month

Go to A20

A20. Does <child> have any full / half / step / adoptive brother(s) or sister(s) who live outside the household?

Yes ☐1 No ☐2

A21. How many full / half / step / adoptive brother(s) or sister(s) does <child> have who live outside the household? _____

A22. For each full/half/step brother/sister who lives outside the household, can you tell me:

- 1) their gender
- 2) their Date of Birth (DOB)
- 3) their relationship to <child>

1.	Male <input type="checkbox"/> 1	Female <input type="checkbox"/> 2	Date of Birth ___ / ___ / ___	Relationship to <child> _____
2.	Male <input type="checkbox"/> 1	Female <input type="checkbox"/> 2	Date of Birth ___ / ___ / ___	Relationship to <child> _____
3.	Male <input type="checkbox"/> 1	Female <input type="checkbox"/> 2	Date of Birth ___ / ___ / ___	Relationship to <child> _____

Z: Covid-19 Experiences

Now some questions about your experience during the Covid-19 pandemic.

Z1 I am now going to ask about any members of your household who are, or were, at increased risk of severe Covid-19 disease due to age or a pre-existing condition?

a. Are you at increased risk of severe Covid-19 disease?	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂
b. Is your 13-year-old at increased risk of severe Covid-19 disease?	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂
c. Is someone else in the household at increased risk of severe Covid-19 disease?	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂

Z2 Thinking now of the most recent Level 5 restrictions when the schools were closed, please say whether each of the following was always true, sometimes true or not true for you.

	ALWAYS TRUE	SOMETIMES TRUE	NOT TRUE
a. My family did more activities together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. It was difficult to balance work and family life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. I had the chance to slow down	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. I worried about the virus infecting me or someone else in my family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Apart from work, I spent more time online than usual	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. I spent more time than usual taking care of the children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
[Routing: ask next item if PCG has a partner living in household]			
g. My partner spent more time than usual taking care of the children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Z3. Were you in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then?
Yes ... ☐₁ → Go to Z4 No ... ☐₂ → Go to Z5_check

Z4. Was your employment situation or way of working affected by Covid-19 in any of the following ways? [Tick all that apply]

a. Loss of employment (losing your job or temporary lay-off)	<input type="checkbox"/>
b. Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment)	<input type="checkbox"/>
c. Increase in usual hours worked	<input type="checkbox"/>
d. Started remote working from home	<input type="checkbox"/>
e. Increased number of remote hours working from home	<input type="checkbox"/>
f. Other change (including starting a new job, being assigned to different work)	<input type="checkbox"/>
g. None of the above	<input type="checkbox"/>

Z5_Check Does PCG have a partner living in the household? Yes ... ☐₁ → Go to Z5 No ... ☐₂ → Go to Z7

Z5. Was your partner in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then?

Yes ... ☐₁ → Go to Z6 No ... ☐₂ → Go to Z7

Z6. Was your partner's employment situation or way of working affected by Covid-19 in any of the following ways? [Please tick all that apply]

a. Loss of employment (losing their job or temporary lay-off)	<input type="checkbox"/>
b. Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment)	<input type="checkbox"/>
c. Increase in usual hours worked	<input type="checkbox"/>
d. Started remote working from home	<input type="checkbox"/>
e. Increased number of remote hours working from home	<input type="checkbox"/>
f. Other change (including starting a new job, being assigned to different work)	<input type="checkbox"/>
g. None of the above	<input type="checkbox"/>

27. Did your household receive any of the following during the Covid-19 pandemic? [Tick all that apply]

Pandemic Unemployment Payment	<input type="checkbox"/> 1
Other regular social welfare payment (excluding Child benefit)	<input type="checkbox"/> 2
None of these	<input type="checkbox"/> 3

28. Since the start of the Covid-19 pandemic, did your household income ...

Fall a lot	Fall a little	Remain the same	Increase a little	Increase a lot
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

29. Overall, during the most recent Level 5 restrictions when the schools were closed, how much exercise did you get compared to before the restrictions?

A lot more	A little more	About the same	A little less	A lot less
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B. 13-Year-Old's Health and Disabilities

Now I would like to ask you a few questions regarding <child>'s health.

B1. In general, how would you describe <child's> health in the past year?

Very healthy, no problems	Healthy, but a few minor problems	Sometimes quite ill	Almost always unwell
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

B2. Does <child> have any of the following long-lasting conditions or difficulties? [Tick one box on each line]

[Interviewer: If query from respondent on why this is being asked when they said (at B1) young person was 'very healthy, no problems', add "These conditions might not always be linked to a health problem, so we need to specifically ask about them in order to get a full picture."

	Yes to a great extent	Yes to some extent	No
a. Blindness or a vision impairment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Deafness or a hearing impairment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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"/> 3
d. An intellectual disability or general learning disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. A difficulty with learning, remembering or concentrating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. A psychological or emotional condition or mental health issue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. A difficulty with breathing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. A difficulty with pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Any other on-going chronic physical or mental health problem, illness or disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

[Interviewer Prompt: please be sure to include here any conditions not already covered; these might be Autistic Spectrum Disorder, Asperger syndrome, speech impediment, Down syndrome, Tourette syndrome, Acquired Brain Injury, or any other longstanding condition or disability)

[Routing: Is there any 'yes' response to B2 above?

Yes ... ☐ 1 → Go to B3

No ... ☐ 2 → Go to B7]

B3. What is the nature of this condition or difficulty? Please describe as fully as possible.

[Interviewer: ask B4 to B6 for each condition at B3. Write responses in the table below. Please record diagnosis or assessed condition, if possible. If more than one, record up to three in order of seriousness.

B4. Has this condition or difficulty been diagnosed or assessed by a relevant professional?

B5. Since when has <child> had this condition or difficulty? [Record year parent first became aware of condition (not necessarily diagnosis)

If current or previous year, record month as well

B6. Is <child> hampered in their daily activities by this condition or difficulty?

Condition	B3 Nature (diagnosis/assessment)	B4 Diagnosed/assessed? Yes No Awaiting Consultation	B5 Since when? Year Mon*	B6 Hampered? 1. Yes severely, 2. yes to some extent, 3. no.
Condition 1		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Condition 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Condition 3		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

*Record month if year=current or previous calendar year.

[Ask all B7-B11]

B7. Please indicate if <child> receives support from any of the following IN OR THROUGH SCHOOL

[Tick all that apply]

- a. Resource Teaching/ Learning Support ... ☐₁ d. Psychological/behavioural support ☐₄
 b. Special Needs Assistant ☐₂ e. Other therapeutic support (speech and language/occupational therapy) ☐₅
 c. Assistive technology ☐₃ f. Other support ☐₆
 g. Doesn't receive any supports ☐₇

B8. When the schools are open, Does <child> have a reduced timetable at school or a shorter school day, because of a condition or disability? Yes ... ☐₁ No ... ☐₂**B9. Please indicate if <child> receives support from any of the following OUTSIDE SCHOOL**

[Tick all that apply]

- Extra/private tuition ☐₁ Other therapeutic support (speech and language/occupational therapy) ☐₃
 Psychological/behavioural support ☐₂ Other support ☐₄
 Doesn't receive any of these supports outside school ☐₅

[If support received ask B10; Otherwise ask B11.]

B10. In general, how adequate are the supports <child> receives for [his/her] needs?

Not adequate	Adequate	Good	Excellent
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

B11. Which of these best describes your child with respect to supports either inside or outside of school?

Doesn't receive any supports: none needed <input type="checkbox"/> ₁	Doesn't receive any supports, some needed <input type="checkbox"/> ₂
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B12. About how many nights has <child> spent in hospital over the last 12 months for any reason? [INTERVIEWER: IF NONE, ENTER '0' – DO NOT LEAVE BLANK] _____ nights**B13. In the last 12 months how many visits has <child> made to the Emergency Department of a hospital?** [INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] _____ visits**B14. Most children have accidents at some time. In the last 12 months has <child> had an accident or injury that required hospital treatment or admission?**Yes ☐₁ No ☐₂**B15. In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about <child's> physical, emotional or mental health?** [Int. if 'none' write '0' do not leave blank]

	N times	Don't know	Refused
A. A general practitioner (GP)	_____ <input type="checkbox"/> ₉₉	_____ <input type="checkbox"/> ₉₈	_____ <input type="checkbox"/> ₉₈
B. A practice nurse	_____ <input type="checkbox"/> ₉₉	_____ <input type="checkbox"/> ₉₈	_____ <input type="checkbox"/> ₉₈
C. Another medical doctor e.g. in a hospital	_____ <input type="checkbox"/> ₉₉	_____ <input type="checkbox"/> ₉₈	_____ <input type="checkbox"/> ₉₈
D. Other professional, psychologist, psychiatrist, counsellor etc.	_____ <input type="checkbox"/> ₉₉	_____ <input type="checkbox"/> ₉₈	_____ <input type="checkbox"/> ₉₈
E. A social worker	_____ <input type="checkbox"/> ₉₉	_____ <input type="checkbox"/> ₉₈	_____ <input type="checkbox"/> ₉₈

B16. How would you rate the health of <child's> teeth and gums?

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B17. Which of the following best describes how regularly <child> visits the dentist?

At least once a year	Once every two years	Once every three years	Less often/ Only when there is a problem	Never
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅ → Go to B23

B18. When was the last time <child> saw a dentist? _____ (year) [If current or previous year] _____ month**B19. Was it a HSE or private dentist?** HSE ... ☐₁ Private ... ☐₂**B20. Did <child> have any treatment other than a routine scale and polish?** Yes ... ☐₁ No ... ☐₂**B21. Has <child> ever had:**

a. Any permanent / secondary teeth filled?	Yes ... <input type="checkbox"/> ₁ No ... <input type="checkbox"/> ₂
b. Any permanent / secondary teeth extracted?	Yes ... <input type="checkbox"/> ₁ No ... <input type="checkbox"/> ₂

B22. Now some questions about food. Please say how many times a week <child> usually eats or drinks any of the following.
[TICK ONE BOX ON EACH LINE]

	Less than once a week /Never	Once or twice a week	3 or 4 times a week	5 or 6 times a week	Every day - once	Every day - more than once
a. Fresh fruit	<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. Fruit Juice	<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. Meat, chicken, fish	<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. Cooked vegetables	<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. Raw vegetables or salad	<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. Hamburger, hot dog, sausage or sausage roll, meat pie	<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. Hot chips or French fries	<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. Crisps or savoury snacks	<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. Bread	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
j. Potatoes, Rice, Pasta	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
k. Cereals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
l. Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
m. Sweets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
n. Cheese / yoghurt / fromage frais	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
o. Water (tap water / still water / fizzy water)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
p. Fizzy drinks / minerals / cordial / squash (diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
q. Fizzy drinks / minerals / cordial / squash (not diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
r. Milk (including non-dairy or lactose-free milk)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

B23. How many portions of fruit or vegetables would <child> usually have in a day?

None	1 per day	2 per day	3 per day	4 per day	5 or more
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B24a. Does <child> follow any kind of special diet? Yes ... ☐1 → **B24b.** No ... ☐2 → **B25**

B24b. Which of these does <child> follow ... [Tick all that apply]

Vegetarian	Vegan	Gluten-free	Dairy-free	Other restriction because of food allergy or food intolerance	Other special diet because of a diagnosed condition	Other special diet for religious reasons
<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

B25. How far away is <child's> school from your home (one-way distance)?

Less than ½mile (less than 1km)	½ to less than 1 mile (1 - less than 2km)	1-5 miles (2 - less than 8km)	More than 5 miles away (8km or more)	Attends boarding school	Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7

B26. How does <child> usually go to school?

He/she walks	By public transport	School bus/coach	By car	Rides a bicycle	Other (please describe)	Not applicable
<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

B27. Can we check, has the Study Child received the HPV vaccine? [For information: vaccinations in schools are given in two different visits usually with a first dose in September and a second one in February]

Yes, both doses	Yes, first of two doses	No, but intend to avail of it	No, still thinking about it	No, have decided not to avail of it
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C. Primary Caregiver's Health

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

C1. In general, how would you say your current health is?

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C2. Do you have any of the following long-lasting conditions or difficulties? [Tick one box on each line]

	Yes to a great extent	Yes to some extent	No
a. Blindness or a vision impairment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Deafness or a hearing impairment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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"/> 3
d. An intellectual disability or general learning disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. A difficulty with learning, remembering or concentrating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. A psychological or emotional condition or mental health issue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. A difficulty with breathing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. A difficulty with pain or any other on-going chronic physical or mental health problem, illness or disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

[Routing: Is there any 'yes' response to any item at C2, above? Yes ... ☐1 → Go to C3 No ... ☐2 → Go to C6

C3. What is the nature of this condition or difficulty? Please describe as fully as possible.

[Int. please record diagnosis – not symptoms of the problem.]

C4. Are you hampered in your daily activities by any long-lasting condition or difficulty?

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

C5. Since when have you had this condition or difficulty? If you have more than one condition or difficulty, please tell me since when you have had the one you consider most serious. [Record year parent first became aware of condition (not necessarily diagnosed) _____(year)

C6. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after <child>?

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

C7. Over the past 7 days on how many days were you physically active for a total of at least 30 minutes per day? Physical activity is any moderate or vigorous activity that increases your heart rate and breathing. Examples include brisk walking, running, cycling, swimming, dancing, digging in the garden. It also includes other activities in your job or at home that raise your heart rate and breathing. [None, one to seven]

None	One	Two	Three	Four	Five	Six	Seven
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

C8. Is <child> covered by a medical card? Yes, full card ☐1 Yes, GP visit card..... ☐2 Not covered ☐3

C9. Is <child> covered by private medical insurance? Yes ☐1 No..... ☐2

C10. Does that insurance include the cost of GP visits? Yes, in full ☐1 Yes, partially ☐2 No ☐3

D. 13-Year-Old's Emotional Health and Well-being

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

D1. Has <child> experienced any of the following since we last interviewed you in <year of last interview> [Read out]:

A. Death of a parent	<input type="checkbox"/> 1	I. Serious illness/injury of a family member	<input type="checkbox"/> 9
B. Death of a close family member (other than a parent) please specify	<input type="checkbox"/> 2	J. Drug taking/alcoholism in the immediate family.....	<input type="checkbox"/> 10
C. Death of close friend	<input type="checkbox"/> 3	K. Mental disorder in immediate family.....	<input type="checkbox"/> 11
D. Divorce/separation of parents	<input type="checkbox"/> 4	L. Your home being broken into	<input type="checkbox"/> 12
E. Moving house within Ireland	<input type="checkbox"/> 5	M. Conflict between parents	<input type="checkbox"/> 13
F. Moving country	<input type="checkbox"/> 6	N. Parent in prison	<input type="checkbox"/> 14
G. Stay in foster home/ residential care	<input type="checkbox"/> 7	O. Other disturbing event (apart from the general stress of the Covid-19 pandemic; please specify)	<input type="checkbox"/> 15
H. Serious illness/injury	<input type="checkbox"/> 8	P. None of the above.....	<input type="checkbox"/> 16

D2

D2		D3		D4		D5		D6		D7		D8		D9		D10		D11		D12		D13		D14		D15		D16		D17		D18		D19		D20		D21		D22		D23		D24		D25		D26		D27		D28		D29		D30		D31		D32		D33		D34		D35		D36		D37		D38		D39		D40		D41		D42		D43		D44		D45		D46		D47		D48		D49		D50		D51		D52		D53		D54		D55		D56		D57		D58		D59		D60		D61		D62		D63		D64		D65		D66		D67		D68		D69		D70		D71		D72		D73		D74		D75		D76		D77		D78		D79		D80		D81		D82		D83		D84		D85		D86		D87		D88		D89		D90		D91		D92		D93		D94		D95		D96		D97		D98		D99		D100		D101		D102		D103		D104		D105		D106		D107		D108		D109		D110		D111		D112		D113		D114		D115		D116		D117		D118		D119		D120		D121		D122		D123		D124		D125		D126		D127		D128		D129		D130		D131		D132		D133		D134		D135		D136		D137		D138		D139		D140		D141		D142		D143		D144		D145		D146		D147		D148		D149		D150		D151		D152		D153		D154		D155		D1
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D3. About how many close friends does <child> have?

None..... ☐ ₁ 1 ☐ ₂ 2 or 3 ☐ ₃ 4 or 5 ☐ ₄ 6 or more ☐ ₅

D4. To your knowledge, has <child> been a victim of bullying in the last 3 months? Yes ... ☐₁ No ... ☐₂

E. Education and School

Now I'd like to ask you some questions about <Child>'s education

E1. What class did/will <child> start in September 2021?

- 5th Class ☐1 Go to E7
 6th Class ☐2 Go to E3
 First Year ☐3 Go to E2
 Second Year ☐4 Go to E2
 13-year-old is being home schooled..... ☐5 Go to E7
 13-year-old attends a special school ☐6 Go to E7
 Special class or unit in second level school..... ☐7 Go to E2
 Other ☐8 Go to E7

E2. What school does / will <child> attend from September 2021?

Name of school: _____

Full address of school: _____

E3. Did/do you have a choice about which second level school <child> would/will go to?

Yes..... ☐1 No ☐2

[Note: ask with respect to 'special school' if child attends special school and will not attend secondary school]

E4. When thinking about schools that <child> might go to, how important were the following factors?

- | | Very
Important | Somewhat
important | Not
important |
|---|---------------------------------|---------------------------------|----------------------------|
| a. It's the local school or nearest to home | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3 |
| b. He/she wanted to go there..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3 |
| c. His/her friends go or were intending to go there..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3 |
| d. His/her brother/sister went/go there | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3 |
| e. General good impression of school/good reputation | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3 |
| f. The support provided for students with special needs | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3 |
| g. The subjects the schools provided..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3 |
| h. The school's ranking in newspaper league tables | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3 |
| i. The ethos of the school in terms of religion or beliefs | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3 |
| j. The school's extracurricular activities (such as sports and music) | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3 |
| k. The gender mix of the school (co-educational/single sex) | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3 |
| l. Language of instruction used in the school | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3 |

E5. How would you describe <child's> current base class – the one they are in from last September? (Tick one box)

Special class or unit	Class which is mixed ability / randomly allocated	Higher stream class in streamed school	Middle stream class in streamed school	Lower stream class in streamed school	Not sure / don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

E6. Has <child> attended an Open Day at his/her new school

Yes..... ☐1 No ☐2

E7. Over the last 12 months, have you had any contact with the school? (Please include contact you have had with the child's current school or any other school the child attended in the last 12 months. Please include virtual as well as face-to-face meetings or events.) [Please tick 'Yes' or 'No' to each.]

	Yes	No
A. You have attended a parent-teacher meeting	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. You have attended a school concert, play or other event (such as sports day)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. You have been asked for your opinion on what is done in the school (such as uniforms or discipline policy)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. You have <u>been to see</u> the principal or another teacher about child's behaviour or school performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2
E. You have spoken to the principal or another teacher <u>on the phone</u> about child's behaviour or school performance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F. You are involved with the Parents' Council or Parents' Association.	<input type="checkbox"/> 1	<input type="checkbox"/> 2

E8. How involved do you personally feel in your child's school life?

Very involved	Fairly involved	Not very involved	Not at all involved
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E9. During the last 12 months, about how many days was <child> absent from school for any reason? (Only include days the child was absent when the school was open e.g. do not include days missed because of their whole school or class being closed due to Covid-19 or bad weather).

0 days.....	<input type="checkbox"/> 1	11 to 20 days.....	<input type="checkbox"/> 5
1 - 3 days.....	<input type="checkbox"/> 2	More than 20 days.....	<input type="checkbox"/> 6
4 to 6 days.....	<input type="checkbox"/> 3	Not in school last year.....	<input type="checkbox"/> 7
7 to 10 days.....	<input type="checkbox"/> 4		

E10. What was the main reason for <child> being absent from school?

Health reasons (illness or injuries).....	<input type="checkbox"/> 1	A problem with a teacher.....	<input type="checkbox"/> 8
Problems with transportation.....	<input type="checkbox"/> 2	A problem with children at school	<input type="checkbox"/> 9
Problems with the weather	<input type="checkbox"/> 3	Difficulties with childcare arrangements	<input type="checkbox"/> 10
A family vacation.....	<input type="checkbox"/> 4	Family crisis	<input type="checkbox"/> 11
Refused to go to school	<input type="checkbox"/> 5	Child has left school	<input type="checkbox"/> 12
A fear of school (school phobia).....	<input type="checkbox"/> 6	Quarantine or self-isolation, related to Covid-19	<input type="checkbox"/> 13
Suspended from school	<input type="checkbox"/> 7	Other (specify)	<input type="checkbox"/> 14

E11. How much time does <child> usually spend doing homework on a weekday during term time?

0 to 30 minutes.....	<input type="checkbox"/> 1	2 to less than 3 hours.....	<input type="checkbox"/> 5
31 minutes to less than one hour	<input type="checkbox"/> 2	3 to less than 4 hours.....	<input type="checkbox"/> 6
1 to less than 1.5 hours.....	<input type="checkbox"/> 3	4 hours or more	<input type="checkbox"/> 7
1.5 to less than 2 hours.....	<input type="checkbox"/> 4	Doesn't get homework.....	<input type="checkbox"/> 8 Go to E14

E12. How often do you or your spouse/partner provide help with <child>'s homework? Would you say...[INT: READ OUT]

Always/ Nearly Always	Regularly	Now and Again	Rarely	Never	Never gets homework
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

E13. Why is that?

Child doesn't need help	I / We don't have time	I / We are not able to help	Child doesn't want help	Someone else helps
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E14. Taking everything into account, how far do you expect <child> will go in his/her education or training?

Junior Certificate or equivalent.....	<input type="checkbox"/> 1
Leaving Certificate or equivalent	<input type="checkbox"/> 2
An apprenticeship or trade	<input type="checkbox"/> 3
Diploma/Certificate.....	<input type="checkbox"/> 4
Degree.....	<input type="checkbox"/> 5
Postgraduate/higher degree.....	<input type="checkbox"/> 6
Don't know.....	<input type="checkbox"/> 7

E15. On a typical weekday when the schools are open, who, if anyone, minds <child> between the time they finish school and 6pm in the evening? (Tick one only; if more than one, indicate the type of care where <child> spends MOST time or is the most frequently used)

- They come home and take care of themselves ☐ 1
 Minded at home by an older sibling ☐ 2
 Minded at home by you or your spouse/partner ☐ 3
 Minded at home by a relative ☐ 4
 Minded at home by another adult (not a relative) ☐ 5
 Attend an after-school programme/club ☐ 6
 Other (please specify) ☐ 8

E16. How many books (including e-books) does <child> have access to in the home? Would you say... [INT: READ OUT]

- None..... ☐ 1 31 to 50 ☐ 4
 1 to 10 ☐ 2 51 to 100 ☐ 5
 11 to 30 ☐ 3 More than 100 ☐ 6

F. Internet and Screen Time

Now, I'd like to ask you some questions about access to the internet at home.

F1. What sort of internet access does your home have? (tick all that apply)

- a. No internet connection ☐
 b. Broadband with wifi ☐
 c. Broadband with plugin connection ☐
 d. Mobile broadband or 'dongle' from a phone provider ☐
 e. Other type of internet connection ☐

F2. Does <child> have access to the internet through a smartphone, tablet, laptop or other computer?

Yes ... ☐ 1 No ... ☐ 2 → Go to F6

F3. Is <child> supervised by you or another adult when he/she accesses the internet?

Always..... ☐ 1 Sometimes ☐ 2 Never ☐ 3

F4. Do you have any monitoring or control software on the internet to limit the sites <child> can access – e.g. Qustodio, Net Nanny?

Yes ☐ 1 No ☐ 2

F5. Do you use any of the following strategies to restrict the content viewed or time spent by <child> on electronic devices? (Tick all that apply)

- a. Rules about content..... ☐ 1
 b. Rules about total time spent on devices ☐ 2
 c. Rules about the time of day child can watch/use devices..... ☐ 3
 d. PIN numbers or passwords to lock or restrict devices ☐ 4
 e. Child-safe' settings, for example on TV satellite boxes ☐ 5
 f. Locking devices/modems away (or locking the room they are in) ☐ 6
 g. Engaging the child in alternative activities (e.g. football, baking) ☐ 7
 h. Something else (specify) ☐ 8
 i. None of the above ☐ 9

F6. On a normal weekday, during term-time, about how much time does <child> spend using the smartphone, tablet, laptop or computer? Please include time before school as well as time after school. Do not include time spent using computers in school or for online class work.

None	1 to 30 minutes	31 minutes to less than 1 hour	1 to less than 1.5 hours	1.5 to less than 2 hours	2 to less than 3 hours	3 to less than 4 hours	4 to less than 5 hours	5 or more hours
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Now, some questions about your own screen-based activities...

F7. Thinking now about the amount of time you spend on your own screen-based activities such as browsing the internet, watching TV/movies/videos, social media or messaging when you are at home (and not at work). On an average day, how much time would you spend on these...

G5. How often does <child> get together with, see or spend time with the following people (excluding those living in your home) Please think about the last four weeks.

	Quite a lot	Now and again	Rarely or never	Live Abroad	Doesn't have
A. Grandparents.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Uncles/Aunts.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Cousins.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Other family members/ close family friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G6. Thinking about the last 12 months, Please tell me how strongly you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neither agree 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Because of your work responsibilities:						
B. Your family time is less enjoyable and more pressured	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Because of your family responsibilities:						
C. You have to turn down work activities or opportunities you would prefer to take 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
Because of your family responsibilities:						
D. The time you spend working is less enjoyable and more pressured	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

G7 Did you take parental leave in relation to <child>? By parental leave, we mean unpaid leave from employment up to a total of 26 weeks per child, which can be taken up until the child is age 12.

Yes..... ☐1 No... ☐2 Not applicable, not in employment since birth of child... ☐3

H. Housing and Socio-Demographic Background

Now some questions about the circumstances of your household.

H1. Does your accommodation have access to a garden or common space (either private or shared)?

Yes, for sole use of household ... ☐1 Yes, shared with other household(s) ... ☐2 No ☐3

H2. Please tell me which best describes your (and your partner's) occupancy of the accommodation?

- Owner occupied (with a mortgage, include being purchased on Tenant Purchase Scheme) ☐1
 Owner occupied (without a mortgage, include purchased on Tenant Purchase Scheme)..... ☐2
 Rented from a Local Authority or Voluntary Body..... ☐3
 Rented from a Private Landlord (include paying rent to a relative etc.) ☐4
 Living with parents/in-laws or occupied free of rent (e.g. provided by employer) ☐5
 Other (specify) ☐6

H3. What type of accommodation is this, it is a ...

Detached house	Semi-detached house	Terraced house/town-house	Apartment/flat/maisonette	Bedsit / studio with shared kitchen and/or bathroom	Mobile home/caravan	Emergency accommodation (hotel, shelter)	Other
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

H4. How many rooms are there in the accommodation for the sole use of your family? [Do not count: halls/stairs/ landings, kitchenette too small to eat in, scullery/utility room, bathroom, toilet, garage, consulting rooms, room used solely as an office, shop]

(rooms)

H5 And how many of these are bedrooms? [Please include bedrooms that are used for another purpose, e.g. a study]

(bedrooms)

H6: Does your accommodation have the following? [Tick one box on each line]

- a. Double or triple-glazed windows ☐1 Yes ☐2 No
 b. Adequate insulation ☐1 Yes ☐2 No

H7. Do you have any of the following problems with your accommodation [Tick one box on each line]

	Yes	No
a. Too dark, not enough light.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Leaking roof/ damp walls /rot in windows or door frames	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. A problem with noise from neighbours or noise from the street (traffic, business, factories etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Pollution, grime or other environmental problems in the area	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Too small, not enough space	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Now some questions about employment.

H8. 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 '0'; Code 0 should also be used for respondents who are currently receiving Pandemic Unemployment Payment]

- | | |
|--|--|
| 0. Currently on maternity leave, but with a job to return to or receiving Pandemic Unemployment Payment <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 (SOLAS) <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 |

[BLAISE: IF CODE 0,1,2,3 at H8, Go to H9]

[BLAISE: IF CODE 4-10 at H8, Go to H11]

H9. When did you start your current job?
 _____ year [If current or previous year] _____ month

H10a. Do you work from home?
 Yes, but only because of the Covid-19 measures ... ☐ 1 → **Go to H10b**
 Yes, usually work from home (even apart from Covid measures) ... ☐ 2 → **Go to H16**
 No ... ☐ 2 → **Go to H10b**

h10b. On a typical work day [when you are not working from home], how much time in minutes do you spend commuting to and from work (outward and return journey combined)?
 _____ minutes
 [Int. if respondent works at home enter '0' for minutes]
 → **Go to H16**

H11. Apart from holiday or casual work, have you ever had a full-time job?
 Yes ... ☐ 1 No ... ☐ 2 → **Go to H14**

H12. In what year did you last work in that full-time job? _____
 (year)

H13. 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
 → **Go to H16**

H14. Do you currently have a part-time job?
 Yes ... ☐ 1 No ... ☐ 2 → **Go to H23**

H15. In your part-time job are you?
 Employee (incl. apprenticeship or Community Employment).... ☐ 1
 Self-employed outside farming ☐ 2
 Farmer ☐ 3
 → **Go to H16**

[BLAISE: If CURRENTLY in employment (Full-or part-time) use Present Tense; otherwise use Past tense]

H16. How many hours do [did] 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

H17. What is [was] 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

PRIEST, HOSPITAL CHAPLAIN

Write in main OCCUPATION

H18. What is [was] the main activity of the business /organisation where you work?

(What did the business mainly make or do?)

H19. Are [were] you employed in a public sector organisation?

This means employed by the state or a state organisation; it does not include work that only involves dealing with the public sector.

Yes ... ☐1 No ... ☐2

H20_Check. [BLAISE: CHECK EMPLOYMENT STATUS]

Employee (incl. apprenticeship or Community Employment)	Self-employed (not farming)	Farmer
<input type="checkbox"/> 1 → Go to H20	<input type="checkbox"/> 2 → Go to H21	<input type="checkbox"/> 3 → Go to H21

H20. Do [Did] you supervise or manage 10 or more personnel in your job? Yes ... ☐1 No ... ☐2 → Go to H24_Check

H21. How many employees (if any) do [did] you have? _____ employees [ENTER ZERO if none]

Check H20_Check = Farmer → Go to H22

Otherwise → Go to H24_Check

H22. How many acres do [did] you farm? _____ acres → Go to H24_Check

[BLAISE check: Not currently working and never worked [H8=4 to 10 AND H11 = No AND H14=No: → Go to H23; otherwise go to H24_check]

H23. From the following reasons, could you tell me the most important reason for you not working in a paid job outside the home?

- A. I can't find a suitable job
- B. I prefer be at home to look after my family myself
- C. Problems finding or affording suitable childcare
- D. We would be no better off if I were in employment
- E. My own illness or disability
- F. Other reason (specify)

[H24_CHECK - BLAISE: CHECK WHETHER THERE IS A PARTNER IN THE HOUSEHOLD; IF YES → Go to H24; IF NO → Go to H26]

H24. What is the occupation of your spouse / partner? [If not currently employed, please record last occupation]

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

PRIEST, HOSPITAL CHAPLAIN

Write in main OCCUPATION [If a farmer or a farm worker, how many acres do you farm? _____ acres]

H25. What is [was] the main activity of the business /organisation where your spouse/partner works?
(What did the business mainly make or do?)

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

H26. 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 and Pandemic Unemployment Payment?

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

H27a. 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 and PRSI/USC as well as the 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 H28. IF EXACT FIGURE GIVEN GO TO H29]

Don't know.....☐99 € _____ **h27b. per** Week.....☐1 Month☐2 Year ☐3

H28. I know that it is difficult to give an exact figure for household income but perhaps you can tell me into which category it falls. I can read categories in amounts per week, per month or per year, whichever you prefer.

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI/USC

Per Week	Per Month	Per Year	Category
Under €230	Under €1,000.....	Under €12,000	A <input type="checkbox"/> 1 → Section A, H29
€231 to under €350	€1,001 to under €1,500.....	€12,001 to under €18,000	B <input type="checkbox"/> 2 → Section B, H29
€351 to under €460	€1,501 to under €2,000.....	€18,001 to under €24,000	C <input type="checkbox"/> 3 → Section C, H29
€461 to under €575	€2,001 to under €2,500.....	€24,001 to under €30,000	D <input type="checkbox"/> 4 → Section D, H29
€576 to under €800	€2,501 to under €3,500.....	€30,001 to under €42,000	E <input type="checkbox"/> 5 → Section E, H29
€801 to under €925	€3,501 to under €4,000.....	€42,001 to under €48,000	F <input type="checkbox"/> 6 → Section F, H29
€926 to under €1,150	€4,001 to under €5,000.....	€48,001 to under €60,000	G <input type="checkbox"/> 7 → Section G, H29
€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, H29
€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, H29
€1,851 or more	€8,001 or more.....	€96,001 or more	J <input type="checkbox"/> 10 → Section J, H29
Refused	<input type="checkbox"/> 77 GO TO H30	Don't Know..... <input type="checkbox"/> 88 GO TO H30	

H29. Would that be [Int: Read out amounts and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

	Per week	Per Month	Per Year
A	under €75 <input type="checkbox"/> 1 €75 to €150 <input type="checkbox"/> 2 €151 to €230 <input type="checkbox"/> 3	€0 to €300 <input type="checkbox"/> 1 €301 to €650 <input type="checkbox"/> 2 €651 to €1,000 <input type="checkbox"/> 3	€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	€231 to €270 <input type="checkbox"/> 1 €271 to €310 <input type="checkbox"/> 2 €311 to €350 <input type="checkbox"/> 3	€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	€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	€351 to €390 <input type="checkbox"/> 1 €391 to €420 <input type="checkbox"/> 2 €421 to €460 <input type="checkbox"/> 3	€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	€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	€461 to €500 <input type="checkbox"/> 1 €501 to €535 <input type="checkbox"/> 2 €536 to €575 <input type="checkbox"/> 3	€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	€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	€576 to €650 <input type="checkbox"/> 1 €651 to €750 <input type="checkbox"/> 2 €751 to €800 <input type="checkbox"/> 3	€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	€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	€801 to €850 <input type="checkbox"/> 1 €851 to €880 <input type="checkbox"/> 2 €881 to €925 <input type="checkbox"/> 3	€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	€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	€926 to €1,000 <input type="checkbox"/> 1 €1,001 to €1,050 <input type="checkbox"/> 2	€4,001 to €4,300 <input type="checkbox"/> 1 €4,301 to €4,600 <input type="checkbox"/> 2	€48,001 to €52,000 <input type="checkbox"/> 1 €52,001 to €56,000 <input type="checkbox"/> 2

	€1,051 to €1,150 <input type="checkbox"/> _3	€4,601 to €5,000 <input type="checkbox"/> _3	€56,001 to €60,000 <input type="checkbox"/> _3
H	€1,151 to €1,250 <input type="checkbox"/> _1	€5,001 to €5,500 <input type="checkbox"/> _1	€60,001 to €66,000 <input type="checkbox"/> _1
	€1,251 to €1,375 <input type="checkbox"/> _2	€5,501 to €6,000 <input type="checkbox"/> _2	€66,001 to €72,000 <input type="checkbox"/> _2
	€1,376 to €1,500 <input type="checkbox"/> _3	€6,001 to €6,500 <input type="checkbox"/> _3	€72,001 to €78,000 <input type="checkbox"/> _3
I	€1,501 to €1,600 <input type="checkbox"/> _1	€6,501 to €7,000 <input type="checkbox"/> _1	€78,001 to €84,000 <input type="checkbox"/> _1
	€1,601 to €1,750 <input type="checkbox"/> _2	€7,001 to €7,500 <input type="checkbox"/> _2	€84,001 to €90,000 <input type="checkbox"/> _2
	€1,751 to €1,850 <input type="checkbox"/> _3	€7,501 to €8,000 <input type="checkbox"/> _3	€90,001 to €96,000 <input type="checkbox"/> _3
J	€1,851 to €2,100 <input type="checkbox"/> _1	€8,001 to €9,250 <input type="checkbox"/> _1	€96,000 to €110,000 <input type="checkbox"/> _1
	€2,101 to €2,400 <input type="checkbox"/> _2	€9,251 to €10,500 <input type="checkbox"/> _2	€110,001 to €125,000 <input type="checkbox"/> _2
	€2,401 or more <input type="checkbox"/> _3	€10,501 or more <input type="checkbox"/> _3	€125,001 or more <input type="checkbox"/> _3

H30. Can I just check, does anyone in your household receive income from farming? Yes☐_1 No☐_2

H31. 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 ☐_1 With difficulty ☐_2 With some difficulty ☐_3 Fairly easily ☐_4 Easily ☐_5 Very easily ☐_6

H32. Compared to when we last interviewed you in [MM/YYYY], how would you say the overall financial situation of your family has changed? Would you say you are ... [INTERVIEWER: READ OUT]

Much better off now	Somewhat better off now	No change	Somewhat worse off now	Much worse off now
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

H33. Do your family have access to a car?

Yes☐_1 → **Go to H35** No.....☐_2 → **Go to H34**

H34. Would your family like to have a car but you cannot afford it?

Yes☐_1 No.....☐_2

H35. Can your household afford an unexpected expense of €1,000 without borrowing? [If using credit card, then the amount should be paid within 1 month.]

Yes☐_1 No.....☐_2

J. About You

Now some more questions about yourself

J1. [Forward feed of parental education from last interview] What is the highest level of education (full-time or part-time) which you have completed to date?

1. Primary education or less☐_1

Second Level

2. Lower Secondary☐_2

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

3. Upper Secondary☐_3

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

4. Technical or Vocational qualification.....☐_4

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

5. Both Upper Secondary and Technical or Vocational qualification☐_5

Third Level

6. National Certificate, Diploma QQI/Institute of Technology or equivalent, Nursing Diploma (Non Degree)☐_6

7. Primary Degree☐_7

(Third Level Bachelor Degree)

8. Professional qualification (of Degree status at least, e.g. Chartered Accountant/Surveyor)☐_8

9. Both a Degree and a Professional qualification☐_9

10. Postgraduate Diploma or Postgraduate Degree (Masters).....☐_10

11. Doctorate (Ph.D) or Higher Doctorate ☐11

J2. What language do you speak most often at home?

English.....☐1 Irish.....☐2 Other.....☐3

J3. Do you belong to any religion? Yes.....☐1 No.....☐2

J4. Which religion?

Christian – no denomination	Roman Catholic	Anglican / Church of Ireland / Episcopalian	Other Protestant	Jewish	Muslim	Other (please specify)
<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

J5. Are you a citizen of Ireland? Yes.....☐1 No.....☐2

J6. What citizenship do you hold?

[BLAISE Condition ASK J7—J8 IF NON RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

J7. Were you born in Ireland? Yes.....☐1 No.....☐2

J8. In which country were you born?

J9. How long ago did you first come to live in Ireland?

Within the last year	1-5 years ago	6-10 years ago	11-20 years ago	More than 20 years ago	Don't Know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99

J10. 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

K. Neighbourhood/Community

Now we have some questions about your local area.

K1. How long have you lived in your local area? years OR months

K2. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?

Yes.....☐1 No.....☐2

K3. 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
e. Crime or violence.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

K4. 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 13-year-old	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. 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
c. There are facilities such as youth clubs, swimming clubs, sports clubs, for teenagers in this area (even if they are closed at the moment due to Covid measures).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Most people in your neighbourhood can be trusted.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. You feel a strong sense of identity with your neighbourhood.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

K5 Is there a park, beach or green space within 2 kilometers (about a mile) of home where your family can walk or exercise?

Yes☐1 No☐2

Time Ended

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Date _____
day mth year