



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
MOTHER or LONE FATHER QUESTIONNAIRE

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date
day mth year

Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about *Growing Up in Ireland - the National Longitudinal Study of Children*. This is a major new government study about children in Ireland. The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study. The study itself will involve interviewing 8,000 9-year-olds and their families.

You may remember that you were contacted about this study a few weeks ago through your child's school. You signed a consent form saying that you would be happy to participate in the study. We are seeking to interview the parents / guardians of <name of 9-year-old Study Child> and also the child him / herself. The whole interview with the parents / guardians and child will take about 1 hour and 40 minutes or so to complete. [Interviewer adjust as appropriate for you in the field.]

All the information you and your family provides will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family.

A. INTRODUCTION

A1. Are you the legal parent / guardian of the Study Child who usually provides the most care to him / her.

Yes ₁ No ₂

A1a. Are you in a position to answer in respect of the Study Child

Yes ₁ No ₂ → Int. Terminate interview, reschedule

A2. Int: Record gender of parent 1 Male ₁ Female ₂

A3. [Show Card A3] Looking at Card A3 which of the following best describes your relationship to the Study Child? [Interviewer codes only if other persons are present at the time of interview]

- A. Biological mother / father ₁
- B. Adoptive mother / father ₂
- C. Step-mother / step-father / partner of child's parent ₃
- D. Foster mother / father ₄
- E. Grand parent ₅
- F. Aunt/uncle ₆
- G. Other relative / in law ₇
- H. Unrelated guardian..... ₈

Household Composition

In this section, I would like to ask you a few details about yourself and the others in your household.

A4. How many people in total (including yourself and all children of all ages) live here regularly as members of this household? _____ persons

A5. For each member of the household could you tell me:

- a) their gender?
- b) their Date of Birth (DOB)
- c) if DOB not available - their age last birthday
- d) their relationship to the child's mother / or lone father and the Study Child?
- e) tick one box to best describe their current economic status

No.	First name/Initial	(A)		(B)	(C)	(D)			(E) <i>Card A5E</i>						
		Sex		Date of Birth	If DOB not available	Relationship of each member TO mother/lone father and child. Use Relationship Codes from Card A5D			Pre-school	School/Education	At Work / Training	Unemployed	Retired	Home Duties	Other
Person No.	INT: Put respondent (mother / lone father) on line 1 and Study Child on line 2	M	F	dd mm yr	Age last birthday	Person No.	A5D1 R'SHIP TO: Mother/lone father	A5D2 R'SHIP TO: Study Child							
1		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	___ ___ ___	yrs	1	////		<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
2		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	___ ___ ___	yrs	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
3		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	___ ___ ___	yrs	3			<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	___ ___ ___	yrs	4			<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	___ ___ ___	yrs	5			<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	___ ___ ___	yrs	6			<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	___ ___ ___	yrs	7			<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	___ ___ ___	yrs	8			<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
9		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	___ ___ ___	yrs	9			<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: Mother or lone father should be on line 1
Study Child should be on line 2

X1a. Was <Study Child> a single birth, twin, triplet etc. Single child..... ₁ Twin..... ₂ Triplet..... ₃

Int: Check Household register at A5 above. If twin or triplet lives in the household administer the twin questionnaire.

X1b. Does the twin or triplet live in the household? Yes ₁ No ₂

X1c. Does <Study Child> go to the same school as twin? Yes ₁ No ₂

X1d. If not, name and address of school this child attends:

X1e. Could I ask about the study child's twin. Is he or she: Deceased ₁ Lives elsewhere..... ₂

Time Section Ended

(24 hour clock)

Now I would like to ask you a few questions regarding the Study Child's health.

B. CHILD'S HEALTH

B1. How much did the Study Child weigh at birth? _____ Pounds _____ Ounces OR
 _____ Kilos _____ Grams Don't know.. 99

B2. [Show Card B2] Looking at Card B2, was the Study Child born late, on time or early?

- Late birth (42 weeks or more)..... 1
- On time (37-41 weeks) 2
- Somewhat early (33-36 weeks) 3
- Very early (32 weeks or less) 4
- Don't know 5

B3. [Show Card B3] Looking at Card B3, what was the mode of delivery? [Int. Use codes only]

- A. Normal birth..... 1
- B. Suction assisted birth 2
- C. Forceps assisted birth 3
- D. Elective Caesarean..... 4
- E. Emergency Caesarean..... 5
- F. Other [please specify]..... 6
- Don't Know..... 7

B4a. Did the Study Child have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?

- Yes..... 1
- No..... 2
- Don't know 3

B4b. [Show Card B4b] Looking at Card B4b, how old was Study Child when he/she came home from hospital (or special care)?

- Less than 1 week 1
- 1-4 weeks 2
- 5-8 weeks 3
- 9-12 weeks 4
- 3-6 months 5
- 7-12 months 6
- More than 12 months 7
- Don't Know 8

B5. [Int. If respondent is biological mother] Did you smoke during your pregnancy with the Study Child?

- Never 1
- Occasionally 2
- Daily 3

B6. About how many did you smoke per day?

- 1-5 /day..... 1
- 6-10 /day..... 2
- 11-25/day..... 3
- 26 or more/day 4

B7. [Int. If respondent is biological mother] Did you consume alcohol during your pregnancy with the Study Child?

- Never 1
- Occasionally 2
- Weekly 3
- Daily 4

B8. Was the Study Child ever breastfed, even if only for a short time?

- Yes..... 1
- No..... 2
- Don't know 3

B9. For how many months or weeks was the Study Child breastfed?

- _____ months
- _____ weeks
- Don't Know / Can't Remember..... 99

B10. [Show Card B10] Looking at Card B10, In general, how would you describe the Study Child's health in the past year?

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

B11. Does the Study Child have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

B12. 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]

B13. Since when has the Study Child had this problem, illness or disability? _____(mth) _____(year)

B14. Is the Study Child hampered in his/her daily activities by this problem, illness or disability?

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

B15. *In addition* to what we have just discussed has the Study Child ever at any time in the past had any chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

B16. What was the nature of this problem, illness or disability? Please describe as fully as possible.
 [Int please record diagnosis, not symptoms of the problem]

B17. Most children have accidents at some time. Has the Study Child ever had an accident or injury that required hospital treatment or admission?

Yes No ₂

B18. How many separate accidents has the Study Child ever had that required hospital treatment or admission? _____ accidents

B19. How many of these accidents involved bone fractures or breaks? _____

Time Section Ended

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 (24 hour clock)

C. CHILD'S USE OF HEALTH SERVICES

Now I'd like to ask you some questions about the Study Child's use of health services, visits to the doctor, dentist and so on.

C1. About how many nights has the Study Child spent in hospital over his/her lifetime? (Exclude at time of birth)

[Int. if none, write none do not leave blank] _____ nights

C2. In the last 12 months how many visits has <Study Child> made to the A&E (Accident and Emergency) department of a hospital? _____ visits [Int. if 'none' write 'none' do not leave blank]

C3. In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the Study Child's physical, emotional or mental health? [Int. if 'none' write '0' do not leave blank]

N times Don't know Refused

A general practitioner (GP) ₃ ₄

Another medical doctor e.g. in a hospital ₃ ₄

Other professional, psychologist, psychiatrist, counsellor etc. ₃ ₄

C4. Was there any time in the last 12 months when, in your opinion, the Study Child needed medical care or treatment for a health problem but he/she did not receive it?

Yes.....1 No2 Don't know.....3 Refused.....4

C5. Why did the Study Child not get the medical care or treatment? Was this because

[int: please tick yes or no in respect of each]:

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

C6. Was there any time in the last 12 months when, in your opinion, the Study Child needed a dental examination or treatment but he /she did not receive it?

Yes.....1 No2 Don't know.....3 Refused.....4

C7. Why did the Study Child not get the dental examination or treatment? Was this because

[Int: Please tick yes or no in respect of each]

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

C8. Does the Study Child brush his/her teeth at least once per day? Yes 1 No 2

C9. Which of the following best describes how regularly the Study Child visits the dentist?

At least once a year.....	<input type="checkbox"/> 1	Only when there is a problem.....	<input type="checkbox"/> 4
Once every two years.....	<input type="checkbox"/> 2	Never/Almost never.....	<input type="checkbox"/> 5
Once every three years.....	<input type="checkbox"/> 3		

C10. Does the Study Child currently have, or at any time in the past had, any sort of sight problem requiring correction?

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

C11. [Show Card C11] Looking at Card C11, has the Study Child ever been given any treatment for the problem? If so, what? [Int. Tick all that apply]

A. Laser treatment.....	<input type="checkbox"/> 1	D. Glasses.....	<input type="checkbox"/> 4
B. Surgical operation.....	<input type="checkbox"/> 2	E. Other, please specify.....	<input type="checkbox"/> 5
C. Patch.....	<input type="checkbox"/> 3	F. No treatment.....	<input type="checkbox"/> 6

C12. Does the Study Child currently have, or at any time in the past had, any sort of hearing problem requiring correction?

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

C13 [Show Card C13] Looking at Card C13, has the Study Child ever been given any treatment for the problem? If so, what?

[Int. Tick all that apply]

A. Hearing aid.....	<input type="checkbox"/> 1	D. Other, please specify.....	<input type="checkbox"/> 4
B. Grommets.....	<input type="checkbox"/> 2	E. No treatment.....	<input type="checkbox"/> 5
C. Cochlear implant.....	<input type="checkbox"/> 3		

C14. Do you have any concerns about how the Study Child talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No ₁ Yes, a little ₂ Yes, a lot..... ₃ Don't know ₄

C15. [Show Card C15] Looking at Card C15, in which areas does child have difficulties? What speech problems does the Study Child have? [Int: Tick all that apply. If child present use codes only]

- | | |
|--|---|
| A. Reluctant to speak..... <input type="checkbox"/> ₁ | F. Voice sounds unusual <input type="checkbox"/> ₆ |
| B. Speech not clear to the family..... <input type="checkbox"/> ₂ | G. Stutters, stammers <input type="checkbox"/> ₇ |
| C. Speech not clear to others <input type="checkbox"/> ₃ | H. Lisps <input type="checkbox"/> ₈ |
| D. Difficulty finding words <input type="checkbox"/> ₄ | I. Other..... <input type="checkbox"/> ₉ |
| E. Difficulty putting words together <input type="checkbox"/> ₅ | J. Don't know..... <input type="checkbox"/> ₉₉ |

C16. Does the Study Child usually require ongoing support to be able to move around?

Yes..... ₁ No ₂

C17. What supports does the Study Child require? [Int. Tick yes or no for each]

- | | | |
|-------------------------|---------------------------------------|---------------------------------------|
| | Yes | No |
| A. Braces | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| B. Crutches | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| C. A stick..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| D. Wheelchair..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| E. Other (specify)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

C18. Does the Study Child need the help of another person to get around in the wheelchair?

Yes..... ₁ No ₂

C19. Is Study Child right or left-handed?

Right handed ₁ Left handed ₂

Time Section Ended (24 hour clock)

D. CHILD'S DIET AND EXERCISE

D1. [Show Card D1] Looking at Card D1, in the last 24 hours has the Study Child had the following foods and drinks once, more than once, or not at all?

	Once	More than Once	Not At All	Don't know
A. Fresh fruit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. Fruit juice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. Meat / Chicken / Fish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
D. Eggs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
E. Cooked vegetables.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
F. Raw vegetables or salad	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
G. Meat pie, hamburger, hot dog, sausage or sausage roll	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
H. Hot chips or French fries.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I. Crisps or savoury snacks.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
J. Bread	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
K. Potatoes/ Pasta/ Rice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
L. Cereals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
M. Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
N. Cheese/yoghurt/ fromage frais.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
O. Low fat Cheese/ low fat yoghurt	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
P. Water (tap water / still water/ sparkling water).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Q. Soft drinks / minerals / cordial / squash (not diet).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
R. Soft drinks / minerals / cordial / squash (diet).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
S. Full cream milk or full cream milk products	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
T. Skimmed milk or skimmed milk products	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

D2. [Show Card D2] Looking at Card D2, If codes S or T are 1 or 2 ask:

Approximately, how much milk did the Study Child drink in the last 24 hours? [Int: This refers to the total amount of all milk full cream and skimmed that was drunk.

- Up to ½ pint (Approx ¼ litre)..... ₁
- ½ to 1 pint (Approx ¼ - ½ litre)..... ₂
- 1- ½ pints (Approx ½ - 1litre)..... ₃
- More than 1 ½ pint (More than 1 litre)..... ₄

D3. Does the Study Child usually have something to eat before going to school? Yes... 1 No 2

D4. [Show Card D4] Looking at Card D4, which of the following does he/she usually eat? [Int. Tick all that apply]

- | | | | |
|-----------------------|----------------------------|------------------------|----------------------------|
| A. Cereal..... | <input type="checkbox"/> 1 | E. Cooked breakfast .. | <input type="checkbox"/> 5 |
| B. Toast / Bread..... | <input type="checkbox"/> 2 | F. Yoghurt / Cheese... | <input type="checkbox"/> 6 |
| C. Fruit..... | <input type="checkbox"/> 3 | G. Eggs..... | <input type="checkbox"/> 7 |
| D. Porridge..... | <input type="checkbox"/> 4 | H. Other Specify | <input type="checkbox"/> 8 |

D5. Does the Study Child usually have a meal in the evening during the week?

Yes..... 1 No 2

D6. [Show Card D6] Looking at Card D6, who would usually eat with the Study Child at that meal [Int. Tick all that apply]

- | | | | |
|--|----------------------------|--|----------------------------|
| A. Father | <input type="checkbox"/> 1 | E. Other unrelated adults (childminder, nanny etc) | <input type="checkbox"/> 5 |
| B. Mother | <input type="checkbox"/> 2 | F. Friend(s)..... | <input type="checkbox"/> 6 |
| C. Brothers / Sisters/ other children in the household ... | <input type="checkbox"/> 3 | G. Someone else (specify)..... | <input type="checkbox"/> 7 |
| D. Other relatives..... | <input type="checkbox"/> 4 | H. No one / child eats alone | <input type="checkbox"/> 8 |

D7. Does the Study Child usually sit at a table for this meal? Yes 1 No..... 2

D8. [Show Card D8] Looking at Card D8, is the Study Child on any type of special diet e.g. vegetarian, vegan, coeliac etc.?

- | | | | |
|-----------------------|----------------------------|--------------------|--|
| No | <input type="checkbox"/> 1 | Yes, coeliac | <input type="checkbox"/> 4 |
| Yes, vegetarian | <input type="checkbox"/> 2 | Yes, other | <input type="checkbox"/> 5 Specify _____ |
| Yes, vegan | <input type="checkbox"/> 3 | | |

[Int. vegan diet: does not eat meat, poultry, fish, eggs, buttermilk or cheese]

D9. [Show Card D9] Looking at Card D9, do you think the Study Child is: [Int: Use codes only if child is present at time of interview]

- | | |
|------------------------------|----------------------------|
| Very underweight..... | <input type="checkbox"/> 1 |
| Moderately underweight | <input type="checkbox"/> 2 |
| Slightly underweight..... | <input type="checkbox"/> 3 |
| About the right weight..... | <input type="checkbox"/> 4 |
| Slightly overweight..... | <input type="checkbox"/> 5 |
| Moderately overweight..... | <input type="checkbox"/> 6 |
| Very overweight..... | <input type="checkbox"/> 7 |
| Don't know | <input type="checkbox"/> 8 |

D10. [Show Card D10] Looking at Card D10, how many times in the past 14 days has the Study Child done at least 20 minutes of exercise hard enough to make him / her breathe heavily and make his / her heart beat faster? (Hard exercise includes, for example, playing football, jogging, or fast cycling). Include time in physical education class.

- | | |
|----------------------|----------------------------|
| none..... | <input type="checkbox"/> 1 |
| 1 to 2 days..... | <input type="checkbox"/> 2 |
| 3 to 5 days..... | <input type="checkbox"/> 3 |
| 6 to 8 days..... | <input type="checkbox"/> 4 |
| 9 or more days | <input type="checkbox"/> 5 |

D11. [Show Card D11] Looking at Card D11, how many times in the past 14 days has the Study Child done at least 20 minutes of light exercise that was not hard enough to make him / her breathe heavily and make his / her heart beat fast? (Light exercise includes, walking or slow cycling) Include time in physical education class.

- | | |
|----------------------|----------------------------|
| none..... | <input type="checkbox"/> 1 |
| 1 to 2 days..... | <input type="checkbox"/> 2 |
| 3 to 5 days..... | <input type="checkbox"/> 3 |
| 6 to 8 days..... | <input type="checkbox"/> 4 |
| 9 or more days | <input type="checkbox"/> 5 |

D12. [Show Card D12] How far away is the school from the Study Child's home (one-way distance)?

- | | |
|------------------------------------|----------------------------|
| Less than ½mile (1km) | <input type="checkbox"/> 1 |
| ½ to 1 mile (1-2km)..... | <input type="checkbox"/> 2 |
| 1-5 miles (2-8km)..... | <input type="checkbox"/> 3 |
| More than 5 miles away (8km) | <input type="checkbox"/> 4 |
| Attends boarding school | <input type="checkbox"/> 5 |

D13. How does the Study Child usually (a) go to school and (b) come home from school?
 [Int tick one box in Col A and B]

	A. Going	B. Coming home
1. He/she walks	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. By public transport.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. School bus/coach	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. By car.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. Rides a bicycle.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. Other (please describe)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

D14. How long does it usually take the Study Child (a) to go to school (b) to come home from school?
 [Int. tick one box on Col A and Col B]

	A. Going	B. Coming home
Less than 5 mins	<input type="checkbox"/> 1	<input type="checkbox"/> 1
5-less 10 mins	<input type="checkbox"/> 2	<input type="checkbox"/> 2
10-less 20 mins	<input type="checkbox"/> 3	<input type="checkbox"/> 3
20-less 30 mins	<input type="checkbox"/> 4	<input type="checkbox"/> 4
30 mins or more	<input type="checkbox"/> 5	<input type="checkbox"/> 5

Time Section Ended **(24 hour clock)**

E. RESPONDENT'S HEALTH

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

E1. In general, how would you say your current health is?

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

E2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes 1 No 2

E3. 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.]

E4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

E5. Are you hampered in your daily activities by this problem, illness or disability?

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

E6. 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 the Study Child?

In the past..... 1 Currently..... 2 No 3

E7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects the Study Child ?

Yes..... 1 No 2

E8. What is the relationship of that person to the Study Child? [Tick all that apply]

Parent 1 Brother / Sister..... 2 Other relative..... 3 Non relative..... 4

E9. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

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

E10. Does the family have private medical insurance?

Yes, in full 1 Yes, partially 2 No 3 Don't Know..... 4

E11. Does that insurance include the cost of GP visits?

Yes, in full 1 Yes, partially 2 No 3 Don't Know..... 4

E12. Can I just check, are you currently pregnant?

Yes _1 No..... _2

E13. Approximately how many weeks? _____ weeks

Time Section Ended

(24 hour clock)

F. RESPONDENT'S LIFESTYLE

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

F1. Do you currently smoke daily, occasionally or not at all?

Daily _1 Occasionally _2 Not at all _3

F2. Have you ever smoked? Was it:

Daily _1 Occasionally ... _2 Never..... _3

F3. About how many cigarettes or cigars do/did you smoke on average each day?

_____ [Int. enter '0' if less than 1 on average]

F4. Does anyone smoke in the same room as the Study Child?

Yes, on a regular basis..... _1 Yes, on an occasional basis..... _2 Never _3

F5. [Show Card F5] Looking at Card F5, which of the following best describes how often you usually drink alcohol?

Never _1
Less than once a month _2
1-2 times a month _3
1-2 times a week..... _4
3-4 times a week..... _5
5-6 times a week..... _6
Every day..... _7

If currently drink alcohol between everyday and once or twice a week ask:

F6. And in an average week, how many pints of beer, glasses of wine, measures of spirit would you drink?

Pints of Beer _____ Glasses of Wine _____ Measures of Spirits _____

F7. [Show Card F7] Looking at Card F7, do you think that you are:

Very underweight..... _1
Moderately underweight _2
Slightly underweight..... _3
About the right weight..... _4
Slightly overweight..... _5
Moderately overweight..... _6
Very overweight..... _7
Don't know _8

F8. How often do you try to lose weight through dieting?

Very often _1 Often _2 Sometimes _3 Rarely _4 Never _5

F9. What is your height without shoes? _____ feet _____ inches **OR** Metres _____

F10. What is your weight without clothes and shoes? _____ stones _____ lbs OR _____ Kilograms

Time Section Ended

(24 hour clock)

G. CHILD'S ACTIVITIES

Now I would like to ask you about some of the Study Child's day-to-day activities.

G1. [Show Card G1] Looking at Card G1, on a normal weekday during term time, how many hours does the Study Child spend watching television, videos or DVDs? Please remember to include time before school as well as time after school?

- | | |
|---|--|
| None <input type="checkbox"/> ₁ | 3 hours to less than 5 hours <input type="checkbox"/> ₄ |
| Less than an hour <input type="checkbox"/> ₂ | 5 hours to less than 7 hours <input type="checkbox"/> ₅ |
| 1 hour to less than 3 hours <input type="checkbox"/> ₃ | 7 hours or more <input type="checkbox"/> ₆ |

G2. [Show Card G2] Looking at Card G2, on a normal weekday during term time, about how many hours does the Study Child spend reading for pleasure [NOT during school hours]? Include time when the child reads to themselves or is read to by someone else. Do not include time spent listening to books on audio tapes, records, cds or a computer.

- | | |
|--|--|
| None <input type="checkbox"/> ₁ | 5 hours to less than 7 hours <input type="checkbox"/> ₄ |
| Less than an hour <input type="checkbox"/> ₂ | 7 hours or more <input type="checkbox"/> ₅ |
| 1 hour to less than 3 hours <input type="checkbox"/> ₃ | Child can't read <input type="checkbox"/> ₇ |
| 3 hours to less than 5 hours <input type="checkbox"/> ₄ | |

G3. [Show Card G3] Looking at Card G3, on a normal weekday, during term-time, about how much time does the Study Child spend using the computer. Please include time before school as well as time after school. DO NOT include time spent using computers in school.

- | | |
|---|--|
| None <input type="checkbox"/> ₁ | 3 hours to less than 5 hours <input type="checkbox"/> ₄ |
| Less than an hour <input type="checkbox"/> ₂ | 5 hours to less than 7 hours <input type="checkbox"/> ₅ |
| 1 hour to less than 3 hours <input type="checkbox"/> ₃ | 7 hours or more <input type="checkbox"/> ₆ |

G4. [Show Card G4] Looking at Card G4, on a normal weekday, during term-time, about how much time does the Study Child spend playing video games such as, Playstation, X-box, Nintendo etc? Please include time before school as well as time after school. DO NOT include time spent using computers in school.

- | | |
|---|--|
| None <input type="checkbox"/> ₁ | 3 hours to less than 5 hours <input type="checkbox"/> ₄ |
| Less than an hour <input type="checkbox"/> ₂ | 5 hours to less than 7 hours <input type="checkbox"/> ₅ |
| 1 hour to less than 3 hours <input type="checkbox"/> ₃ | 7 hours or more <input type="checkbox"/> ₆ |

G5. Does the Study Child have the following in his/her bedroom?

- | | Yes | No | | Yes | No |
|------------------------|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| Television..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Computer or laptop | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| Video/DVD player | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Games console (playstation etc...)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

G6. On an average week how much money would you say you give the Study Child to spend him/herself?

€ _____

Time Section Ended **(24 hour clock)**

H. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the Study Child's emotional well-being.

H1. [Show Card H1] Looking at Card H1, has the Study Child ever experienced any of the following: [Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW)

- A. Death of a parent..... ₁
- B. Death of close family member (please specify) ₂ _____
- C. Death of close friend ₃
- D. Divorce/separation of parents ₄
- E. Moving house ₅
- F. Moving country ₆
- G. Stay in foster home/ residential care ₇
- H. Serious illness/injury ₈
- I. Serious illness/injury of a family member ₉
- J. Drug taking/alcoholism in the immediate family ₁₀
- K. Mental disorder in immediate family..... ₁₁
- L. Conflict between parents ₁₂
- M. Parent in prison..... ₁₃
- N. Other disturbing event (please specify) ₁₄ _____
- O. None of the above..... ₁₅

H2. [Show Card H2] Listed on Card H2, is a set of statements which could be used to describe the Study Child's behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child's behaviour over the last six months. Use answers 1,2 or 3 as on the card if you like.

	Not True	Somewhat True	Certainly True
A. Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Often complains of headaches, stomach aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Shares readily with other children (treats, toys, pencils etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Generally obedient, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Helpful if someone is hurt, upset or feeling ill.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J. Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
K. Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
L. Often fights with other children or bullies them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
M. Often unhappy, down-hearted or tearful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
N. Generally liked by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
O. Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
P. Nervous or clingy in new situations, easily loses confidence.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q. Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
R. Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
S. Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
T. Often volunteers to help others (parents, teachers, other children).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
U. Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
V. Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
W. Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
X. Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Y. Sees tasks through to the end, good attention span.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

H3. [Show Card H3] Looking at Card H3, thinking about the Study Child's temperament, how characteristic of the Study Child are the following descriptions? Use codes 1, 2, 3, 4 or 5 as on the card if you like.

	1. Not Characteristic	2. Occasionally characteristic	3. Somewhat characteristic	4. Characteristic	5. Very characteristic
A. Child tends to be shy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Child cries easily.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Child likes to be with people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Child is always on the go.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Child prefers playing with others rather than alone.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. Child tends to be somewhat emotional.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. When child moves about, he/she usually moves slowly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Child makes friends easily.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. Child is off and running as soon as he/she wakes up in the morning.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Child finds people more stimulating than anything else. ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Child often fusses and cries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. Child is very sociable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. Child is very energetic.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. Child takes a long time to warm up to strangers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. Child gets upset easily.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Child is something of a loner.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. Child prefers quiet, inactive games to more active ones.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. When alone, child feels isolated.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
S. Child reacts intensely when upset.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
T. Child is very friendly with strangers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Time Section Ended

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(24 hour clock)

Now I'd like to ask you some questions about the Study Child's education

J. CHILD'S EDUCATION – PAST AND CURRENT

J1. I would like you to think back to when the Study Child was younger, and BEFORE HE/SHE STARTED PRIMARY SCHOOL. Was there ever a period of one year or more when he/she was minded on a regular basis for 3 or more days per week by, for example, a minder (a relative or non-relative), in a creche, a Montessori, pre-school, Naionra etc?

Yes ₁ No..... ₂

J2. [Show Card J2] Looking at Card J2, what is the MAIN type of out-of-school care, if any, that you CURRENTLY use during term time for the Study Child. In other words, who is he/she with on a regular basis, outside of holiday periods and weekends [Int: Tick 1 box only]

- | | | | |
|--|---------------------------------------|---|--|
| Child minded at home by me or resident partner | <input type="checkbox"/> ₁ | Paid childminder in his/her own home | <input type="checkbox"/> ₉ |
| Looking after him/herself or cared for by a sibling..... | <input type="checkbox"/> ₂ | Au Pair / Nanny | <input type="checkbox"/> ₁₀ |
| Child minded by non-resident partner | <input type="checkbox"/> ₃ | Paid after-school care in group setting | <input type="checkbox"/> ₁₁ |
| Unpaid relative (or family friend) in your own home | <input type="checkbox"/> ₄ | Homework club | <input type="checkbox"/> ₁₂ |
| Unpaid relative (or family friend) in his/her own home | <input type="checkbox"/> ₅ | After-school activity-based facility..... | <input type="checkbox"/> ₁₃ |
| Paid relative (or family friend) in your own home | <input type="checkbox"/> ₆ | Special needs facility | <input type="checkbox"/> ₁₄ |
| Paid relative (or family friend) in his/her own home | <input type="checkbox"/> ₇ | Activity Camps (sport recreation arts/crafts etc) | <input type="checkbox"/> ₁₅ |
| Paid childminder in your own home..... | <input type="checkbox"/> ₈ | Other (specify) _____ | <input type="checkbox"/> ₁₆ |

J3. Approximately how many hours per week does the Study Child spend in this main form of childcare

_____ hours per week₁

J4. Approximately how many days per week does the Study Child spend in this main form of childcare

_____ days per week₁

J5. [Int. Ask if NOT codes 1-5 at J2]: Approximately how much does this childcare for the Study Child typically cost you per week/fortnight/month etc.? [Int. Record only in respect of <Study Child> and make sure to record the period to which amount refers].

€ _____ per Week..... ₁ Fortnight..... ₂ Month..... ₄

J6. [Show Card J6] Looking at Card J6, during an average week does the Study Child participate in any clubs or organisations outside of school hours. If yes, does this activity have to be paid for?

<u>Activity</u>	Participate in activity?		Pay for activity?	
	Yes	No	Yes	No
Sports/Fitness club (gym., GAA, soccer, hockey etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Cultural activities (dance, ballet, music, arts, drama etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Youth club.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Scouts/ Guides/ Boy's Brigade / Girl's Brigade	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Homework club.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

J7. Thinking of the last academic year, did you or your spouse/partner attend a formal meeting with the Study Child's teacher?

Yes..... ₁ No..... ₂

J8. [Show Card J8] Looking at Card J8, during the last school year, about how many days was Study Child absent from school for any reason?

- | | | | |
|--------------------|---------------------------------------|------------------------------|---------------------------------------|
| 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 | | |

J9. [Show Card J9] Looking at Card J9, what was the main reason for Study Child being absent from school?

- | | | | |
|--|---------------------------------------|--|---------------------------------------|
| Health reasons (illness or injuries) | <input type="checkbox"/> ₁ | A problem with the teacher | <input type="checkbox"/> ₆ |
| Problems with transportation | <input type="checkbox"/> ₂ | A problem with children at school | <input type="checkbox"/> ₇ |
| Problems with the weather | <input type="checkbox"/> ₃ | Difficulties with childcare arrangements | <input type="checkbox"/> ₈ |
| A family vacation..... | <input type="checkbox"/> ₄ | Other (specify) _____ | <input type="checkbox"/> ₉ |
| A fear of school (school phobia) | <input type="checkbox"/> ₅ | | |

J10. [Show Card J10] Looking at Card J10, how often is the Study Child given homework?

Never.....	<input type="checkbox"/> 1	→ Go to J13	Once a week.....	<input type="checkbox"/> 5
Less than once a month.....	<input type="checkbox"/> 2		A few times a week.....	<input type="checkbox"/> 6
Once a month.....	<input type="checkbox"/> 3		Daily.....	<input type="checkbox"/> 7
A few times a month.....	<input type="checkbox"/> 4		Don't Know.....	<input type="checkbox"/> 8

J11. [Show Card J11] Looking at Card J11, on days when the Study Child is given homework, how much time does he or she usually spend doing homework?

0 to 15 minutes.....	<input type="checkbox"/> 1	1.5 to less than 2 hours.....	<input type="checkbox"/> 5
16 to 30 minutes.....	<input type="checkbox"/> 2	2 to less than 3 hours.....	<input type="checkbox"/> 6
31 minutes to less than one hour.....	<input type="checkbox"/> 3	3 to less than 4 hours.....	<input type="checkbox"/> 7
1 to less than 1.5 hours.....	<input type="checkbox"/> 4	4 hours or more.....	<input type="checkbox"/> 8

J12. How often do you or your spouse/partner provide help with the Study Child's homework?

Always/ Nearly Always	Regularly	Now and Again	Rarely	Never	Child rarely 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

J13. [Show Card J13/14] Looking at Card J13/J14, based on your knowledge of the Study Child's schoolwork, including his/her report cards, how well in general, do you think he/she is doing in mathematics relative to other children of his/her age? Do you think he/she is:

Poor.....	<input type="checkbox"/> 1	Above average.....	<input type="checkbox"/> 4
Below average.....	<input type="checkbox"/> 2	Excellent.....	<input type="checkbox"/> 5
Average.....	<input type="checkbox"/> 3		

J14. [Show Card J13/14] Looking at Card J13/J14, based on your knowledge of the Study Child's schoolwork, including his/her report cards, how well, in general, do you think he/she is doing in reading relative to other children of his/her age?

Poor.....	<input type="checkbox"/> 1	Above average.....	<input type="checkbox"/> 4
Below average.....	<input type="checkbox"/> 2	Excellent.....	<input type="checkbox"/> 5
Average.....	<input type="checkbox"/> 3		

J15. About how many days a week does the Study Child do things with friends outside of school hours?

Never .. 1 1 day a week....2 2-3 days a week..3 4-5 days a week.. 4 6-7 days a week..5

J16. About how many close friends does the Study Child have?

None 1 12 2 or 33 4 or 5 4 6 or more 5

J17. [Show Card J17] Looking at Card J17, taking everything into account, how far do you expect the Study 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

J18. To your knowledge, has the Study Child been a victim of bullying in the last year?

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

J19. [Show Card J19] Looking at Card J19, what form did the bullying take? [Int. tick all that apply]

A. Physical bullying.....	<input type="checkbox"/> 1	D. Written messages/notes etc.....	<input type="checkbox"/> 5
B. Verbal bullying.....	<input type="checkbox"/> 2	E. Exclusion.....	<input type="checkbox"/> 6
C. Electronic [phone messaging, emails, Bebo etc].....	<input type="checkbox"/> 3	F. Other (specify).....	<input type="checkbox"/> 7

J20. [Show Card J20] Looking at Card J20, what was the reason for the bullying?

A. Ethnicity.....	<input type="checkbox"/> 1	E. Physical appearance (clothes, glasses, weight etc).....	<input type="checkbox"/> 5
B. Physical/Learning disability.....	<input type="checkbox"/> 2	F. Gender role.....	<input type="checkbox"/> 6
C. Religion.....	<input type="checkbox"/> 3	G. Teacher's pet.....	<input type="checkbox"/> 7
D. Class performance.....	<input type="checkbox"/> 4	H. Family background.....	<input type="checkbox"/> 8
		I. Other (specify).....	<input type="checkbox"/> 9

J21. Do you think the Study Child has a Specific Learning Difficulty, Communication or Co-ordination Disorder

Yes 1

No 2

J22. [Show Card J22] Looking at Card J22, what is the nature of the difficulty or disorder?

[Int. tick all that apply]

- | | | | |
|--|----------------------------|---|----------------------------|
| A. Dyslexia (incl. Dysgraphia, dyscalculia)..... | <input type="checkbox"/> 1 | E. Speech & Language Difficulty..... | <input type="checkbox"/> 5 |
| B. ADHD (Attention Deficit Hyperactivity Disorder) | <input type="checkbox"/> 2 | F. Dyspraxia..... | <input type="checkbox"/> 6 |
| C. Autism..... | <input type="checkbox"/> 3 | G. Slow progress (reasons unclear)..... | <input type="checkbox"/> 7 |
| D. Aspergers Syndrome..... | <input type="checkbox"/> 4 | H. Other (specify.....) | <input type="checkbox"/> 8 |

J23. Was it diagnosed by a professional?

Yes 1

No 2

Awaiting consultation 3

J24. How long ago was it diagnosed?

Last 6 months 1

1-2 years..... 3

6-12 months..... 2

Longer than 2 years..... 4

J25. About how many children's books does the Study Child have access to in your home now, including any library books? Would you estimate:

None 1

21 to 30..... 4

Less than 10 2

More than 30..... 5

10 to 20..... 3

J26. Do you use the Public Library for the Study Child?

Yes..... 1

No 2

Time Section Ended

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(24 hour clock)

K: FAMILY CONTEXT

Now I'd like to ask you some general questions about your family as a whole.

K1. Do you feel you have fun with the Study Child every day?

Yes 1

No 2

K2. [Show Card K2] Looking at Card K2, I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

- | | Definitely does not apply | Not really | Neutral, not sure | Applies somewhat | Definitely applies |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| A. I share an affectionate, warm relationship with my child. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B. My child and I always seem to be struggling with each other. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| C. If upset, my child will seek comfort from me. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| D. My child is uncomfortable with physical affection or touch from me. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| E. My child values his/her relationship with me. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| F. My child appears hurt or embarrassed when I correct him/her. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| G. My child does not want to accept help when he/she needs it. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| H. When I praise my child, he/she beams with pride. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| I. My child reacts strongly to separation from me. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| J. My child spontaneously shares information about himself/ herself. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| K. My child is overly dependent on me. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| L. My child easily becomes angry at me. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| M. My child tries to please me. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| N. My child feels that I treat him/her unfairly. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| O. My child asks for my help when he/she really does not need help. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

- P. It is easy to be in tune with what my child is feeling.... 1..... 2..... 3..... 4..... 5
- Q. My child sees me as a source of punishment and criticism. 1..... 2..... 3..... 4..... 5
- R. My child expresses hurt or jealousy when I spend time with other children..... 1..... 2..... 3..... 4..... 5
- S. My child remains angry or is resistant after being disciplined. 1..... 2..... 3..... 4..... 5
- T. When my child is misbehaving, he/she responds to my look or tone of voice. 1..... 2..... 3..... 4..... 5
- U. Dealing with my child drains my energy..... 1..... 2..... 3..... 4..... 5
- V. I've noticed my child copying my behaviour or ways of doing things. 1..... 2..... 3..... 4..... 5
- W. When my child is in a bad mood, I know we're in for a long and difficult day. 1..... 2..... 3..... 4..... 5
- X. My child's feelings toward me can be unpredictable or can change suddenly..... 1..... 2..... 3..... 4..... 5
- Y. Despite my best efforts, I'm uncomfortable with how my child and I get along..... 1..... 2..... 3..... 4..... 5
- Z. I often think about my child when at work. 1..... 2..... 3..... 4..... 5
- AA. My child whines or cries when he/she wants something from me. 1..... 2..... 3..... 4..... 5
- AB. My child is sneaky or manipulative with me..... 1..... 2..... 3..... 4..... 5
- AC. My child openly shares his/her feelings and experiences with me..... 1..... 2..... 3..... 4..... 5
- AD. My interactions with my child make me feel effective and confident as a parent. 1..... 2..... 3..... 4..... 5

N.A.
6

K3. [Show Card K3] Looking at Card K3, how often do you do the following when the Study Child misbehaves

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

K4. [Show Card K4] Looking at Card K4, now, I'd like to ask you about the time the Study Child spends with you including times when others are present. How many days per week do you:

- | | Every day / 7 days per week | 3 to 6 days per week | 1 to 2 days per week | 1 to 2 times per month | Rarely or never |
|--|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| A. Sit down to eat together | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B. Play sports, cards or games together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| C. Talk about things together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| D. Do household activities together (e.g., gardening, cooking, cleaning, etc.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| E. Go on an outing together (including going shopping) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

K5. [Show Card K5] Looking at Card K5, how often does the Study Child get together with, see or spend time with the following people (excluding those living in your home)

- | | Quite a lot | Now and again | Rarely | Don't have |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| A. Grandparents | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 |
| B. Uncles/Aunts..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 |
| C. Cousins..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 |

K6. Please tell me how strongly you agree or disagree with the following.

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..... 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

K7. Does the Study Child belong to any religious denomination Yes 1 No 2

K8. [Show Card K8/K12] Looking at Card K8/K12, if yes, which one

- Christian – no denomination..... 1
- Roman Catholic..... 2
- Anglican/Church of Ireland/Episcopalian..... 3
- Other Protestant..... 4
- Jewish..... 5
- Muslim..... 6
- Other (specify)..... 7

K9. How regularly does the Study Child attend religious service?

- Daily Weekly Monthly Less Often Special Occasions Never Refused N/a to their religion
- 1 2 3 4 5 6 7 8

K10. In general, would you describe yourself as a religious or spiritual person?

- Not at all..... 1 A little 2 Quite..... 3 Very much so 4 Extremely 5

K11. Do you belong to any religious denomination Yes 1 No 2

K12. [Show Card K8/K12] Looking at Card K8/ K12, If yes, which one

- Christian – no denomination..... 1
- Roman Catholic..... 2
- Anglican/Church of Ireland/Episcopalian..... 3
- Other Protestant..... 4
- Jewish..... 5
- Muslim..... 6
- Other (specify)..... 7

K13. How fairly or unfairly would you say the household tasks are distributed between you and your partner?

- Very unfairly 1 Quite unfairly 2 Fairly 3 Don't have partner..... 4

K14. [Show Card K14] I would now like to ask some questions about the Study Child's behaviour over the last 12 months please tell me whether the following 7 statements are true or false for him/her.

- | | True | False |
|---|----------------------------|----------------------------|
| A. Often started fights or bullies, threatens or intimidates others..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| B. Has been physically cruel to other people or animals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| C. Deliberately destroyed or damaged property | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| D. Often lied to obtain goods or favours (i.e., 'cons' others) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| E. Has stolen items of value without confronting a victim (e.g., shoplifting, but without breaking and entering)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| F. Has run away from home overnight at least twice while living in parental home (or once for a lengthy period)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| G. Often truanted from school..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

Time Section Ended

(24 hour clock)

L: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

L1. For the following items could you indicate whether or not your household, has the item and, if not, if it is because you couldn't afford it or for another reason?

	Yes	No, Cannot Afford	No, other reason
A. Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Does your household have a roast joint (or its equivalent) at least once a week?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Do household members buy new rather than second-hand clothes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Does each household member possess a warm waterproof coat?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Does each household member possess two pairs of strong shoes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Does the household replace any worn out furniture?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Does the household keep the home adequately warm?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Does the household have family or friends for a drink or meal once a month?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Does the household buy presents for family or friends at least once a year?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

L2. A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

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

L3. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?)

Yes 1 No 2

L4. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes 1 No 2

L5. Why was that?

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

L6. Thinking back to when you were 16 years olds, can you tell me, with which degree of ease or difficulty was your household able to make ends meet?

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

L7. I would now like to ask you some questions about your accommodation: Is this accommodation a:

House..... 1
 Apartment / Flat/ Bedsit 2
 Other (specify) 3

L8. [Show Card L8] Looking at Card L8, from this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?

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

L9. How many separate bedrooms are in the accommodation? _____ bedrooms

L10. Does the Study Child have his/her own bedroom? Yes 1 No 2

L11. How many others does the Study Child share a bedroom with? _____

L12. [Show Card L12] Looking at Card L12, which of these descriptions BEST describes your usual situation in regard to work?

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

L13. 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

L14. What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

L15. Do you supervise or manage any personnel in your job?

Yes 1 No 2 **If less than 30 hours per wk at L13 Go to L22d, otherwise to L22e**

L16. How many? _____

L17. How many employees (if any) do you have? _____ employees N A 99
If less than 30 hours per week at L13 Go to L22d, otherwise to L22e

L18. Apart from holiday or casual work, have you ever had a full-time job?.. Yes 1... No 2 **Go to L22a**

L19. In what year did you last work in that full-time job? _____ year

L20. 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

L21. What was your occupation in that full-time job? (What did you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

L22a. Do you currently have a part time job outside the home? Yes 1..... No 2 **Go to L22d**

L22b. On average, how many hours per week do you work in that part-time job? _____ hours

L22c. What is your occupation in that part-time job? (What do you mainly do in that part-time job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

L22d. [Show Card L22d] From the reasons listed on Card L22d, could you tell me which is the single most important reason for you not working on a full-time basis in a paid job outside the home? [Int tick one only]

I can't find a job.....	<input type="checkbox"/> 1	I cannot earn enough to pay for childcare.....	<input type="checkbox"/> 5
I choose not to work.....	<input type="checkbox"/> 2	I cannot find suitable childcare.....	<input type="checkbox"/> 6
I am caring for an elderly or ill relative or friend	<input type="checkbox"/> 3	There are no suitable jobs available for me.....	<input type="checkbox"/> 7
I prefer be at home to look after my children myself	<input type="checkbox"/> 4	My family would lose Social Welfare or medical benefits if I was earning	<input type="checkbox"/> 8
		Other reason (specify)	<input type="checkbox"/> 9

Now go to L22e

L22e. What is the occupation of your spouse/partner? (What does he/she mainly do in their job) – if relevant

_____ [Int. If no spouse/partner enter NA – not applicable]

HOUSEHOLD INCOME

Now I would like you 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.

L23. Looking at Card L23/L24, which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner's income. [INT. Tick 'Yes' or 'No' for each in Col. A] [Card L23 / L24]

L24. And of these sources of income which is the largest source of income at present? [Int Tick one box only in Col. B] [Card L23 / L24]

	<u>A</u>		<u>B</u>
	<u>Receive?</u>		<u>Largest Source</u>
	<u>Yes</u>	<u>No</u>	
A. Wages or Salaries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
B. Income from Self-Employment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C. Income from Farming	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
D. Children's Allowance/ Child Benefit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
E. Other Social Welfare Payments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

L25. 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 only? Include income from all sources and from all household members.

Dont.Know.....₉₉ € _____ per Week.....₁ Month₂ Year ₃

[INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO L26. If exact figure given go to L28]

L26 [Show Card L26] I know that it is difficult to give an exact figure for household income but on Card L26 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI only? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI.

[Int: Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

<u>Per Week</u>	<u>Per Month</u>	<u>Per Year</u>	<u>Category</u>
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> ₁ → Section A, Card L27
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000	B <input type="checkbox"/> ₂ → Section B, Card L27
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000	C <input type="checkbox"/> ₃ → Section C, Card L27
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000	D <input type="checkbox"/> ₄ → Section D, Card L27
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000	E <input type="checkbox"/> ₅ → Section E, Card L27
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000	F <input type="checkbox"/> ₆ → Section F, Card L27
€926 to under €1,150	€4,001 to under €5,000	€48,001 to under €60,000	G <input type="checkbox"/> ₇ → Section G, Card L27
€1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000	H <input type="checkbox"/> ₈ → Section H, Card L27
€1,501 to under €1,850	€6,501 to under €8,000	€78,001 to under €96,000	I <input type="checkbox"/> ₉ → Section I, Card L27
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> ₁₀ → Section J, Card L27
		Refused	Don't Know
		<input type="checkbox"/> ₇₇	<input type="checkbox"/> ₈₈

L27. Would that be [Int: Show Card L27 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

A	Per week	under €75	<input type="checkbox"/> ₁	€75 to €150	<input type="checkbox"/> ₂	€151 to €230	<input type="checkbox"/> ₃
	Per Month	€0 to €300	<input type="checkbox"/> ₁	€301 to €650	<input type="checkbox"/> ₂	€651 to €1,000	<input type="checkbox"/> ₃
	Per Year	€0 to €4,000	<input type="checkbox"/> ₁	€4,001 to €8,000	<input type="checkbox"/> ₂	€8,001 to €12,000	<input type="checkbox"/> ₃
B	Per week	€231 to €270	<input type="checkbox"/> ₁	€271 to €310	<input type="checkbox"/> ₂	€311 to €350	<input type="checkbox"/> ₃
	Per Month	€1,001 to €1,150	<input type="checkbox"/> ₁	€1,151 to €1,350	<input type="checkbox"/> ₂	€1,351 to €1,500	<input type="checkbox"/> ₃
	Per Year	€12,001 to €14,000	<input type="checkbox"/> ₁	€14,001 to €16,000	<input type="checkbox"/> ₂	€16,001 to €18,000	<input type="checkbox"/> ₃
C	Per week	€351 to €390	<input type="checkbox"/> ₁	€391 to €420	<input type="checkbox"/> ₂	€421 to €460	<input type="checkbox"/> ₃
	Per Month	€1,501 to €1,700	<input type="checkbox"/> ₁	€1,701 to €1,800	<input type="checkbox"/> ₂	€1,801 to €2,000	<input type="checkbox"/> ₃
	Per Year	€18,001 to €20,000	<input type="checkbox"/> ₁	€20,001 to €22,000	<input type="checkbox"/> ₂	€22,001 to €24,000	<input type="checkbox"/> ₃
D	Per week	€461 to €500	<input type="checkbox"/> ₁	€501 to €535	<input type="checkbox"/> ₂	€536 to €575	<input type="checkbox"/> ₃
	Per Month	€2,001 to €2,150	<input type="checkbox"/> ₁	€2,151 to €2,300	<input type="checkbox"/> ₂	€2,301 to €2,500	<input type="checkbox"/> ₃
	Per Year	€24,001 to €26,000	<input type="checkbox"/> ₁	€26,001 to €28,000	<input type="checkbox"/> ₂	€28,001 to €30,000	<input type="checkbox"/> ₃

E	Per week	€576 to €650 <input type="checkbox"/> ₁	€651 to €750 <input type="checkbox"/> ₂	€751 to €800 <input type="checkbox"/> ₃
	Per Month	€2,501 to €2,800 <input type="checkbox"/> ₁	€2,801 to €3,250 <input type="checkbox"/> ₂	€3,251 to €3,500 <input type="checkbox"/> ₃
	Per Year	€30,001 to €34,000 <input type="checkbox"/> ₁	€34,001 to €38,000 <input type="checkbox"/> ₂	€38,001 to €42,000 <input type="checkbox"/> ₃
F	Per week	€801 to €850 <input type="checkbox"/> ₁	€851 to €880 <input type="checkbox"/> ₂	€881 to €925 <input type="checkbox"/> ₃
	Per Month	€3,501 to €3,650 <input type="checkbox"/> ₁	€3,651 to €3,800 <input type="checkbox"/> ₂	€3,801 to €4,000 <input type="checkbox"/> ₃
	Per Year	€42,001 to €44,000 <input type="checkbox"/> ₁	€44,001 to €46,000 <input type="checkbox"/> ₂	€46,001 to €48,000 <input type="checkbox"/> ₃
G	Per week	€926 to €1,000 <input type="checkbox"/> ₁	€1,001 to €1,050 <input type="checkbox"/> ₂	€1,051 to €1,150 <input type="checkbox"/> ₃
	Per Month	€4,001 to €4,300 <input type="checkbox"/> ₁	€4,301 to €4,600 <input type="checkbox"/> ₂	€4,601 to €5,000 <input type="checkbox"/> ₃
	Per Year	€48,001 to €52,000 <input type="checkbox"/> ₁	€52,001 to €56,000 <input type="checkbox"/> ₂	€56,001 to €60,000 <input type="checkbox"/> ₃
H	Per week	€1,151 to €1,250 <input type="checkbox"/> ₁	€1,251 to €1,375 <input type="checkbox"/> ₂	€1,376 to €1,500 <input type="checkbox"/> ₃
	Per Month	€5,001 to €5,500 <input type="checkbox"/> ₁	€5,501 to €6,000 <input type="checkbox"/> ₂	€6,001 to €6,500 <input type="checkbox"/> ₃
	Per Year	€60,001 to €66,000 <input type="checkbox"/> ₁	€66,001 to €72,000 <input type="checkbox"/> ₂	€72,001 to €78,000 <input type="checkbox"/> ₃
I	Per week	€1,501 to €1,600 <input type="checkbox"/> ₁	€1,601 to €1,750 <input type="checkbox"/> ₂	€1,751 to €1,850 <input type="checkbox"/> ₃
	Per Month	€6,501 to €7,000 <input type="checkbox"/> ₁	€7,001 to €7,500 <input type="checkbox"/> ₂	€7,501 to €8,000 <input type="checkbox"/> ₃
	Per Year	€78,001 to €84,000 <input type="checkbox"/> ₁	€84,001 to €90,000 <input type="checkbox"/> ₂	€90,001 to €96,000 <input type="checkbox"/> ₃
J	Per week	€1,851 to €2,100 <input type="checkbox"/> ₁	€2,101 to €2,400 <input type="checkbox"/> ₂	€2,401 or more <input type="checkbox"/> ₃
	Per Month	€8,001 to €9,250 <input type="checkbox"/> ₁	€9,251 to €10,500 <input type="checkbox"/> ₂	€10,501 or more <input type="checkbox"/> ₃
	Per Year	€96,000 to €110,000 <input type="checkbox"/> ₁	€110,001 to €125,000 <input type="checkbox"/> ₂	€125,001 or more <input type="checkbox"/> ₃

L28. Does anyone in your household currently receive Children's Allowance/Child Benefit?

Yes ... ₁ No ... ₂

L29. Does anyone in your household currently receive any other Social Welfare payments?

Yes ₁ → **Go to L30** No ₂ → **Go to L31a**

L30. (Card L30) Now I'd like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card L30, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]

Social Welfare Payment		Social Welfare Payment	
UNEMPLOYMENT PAYMENTS			
Jobseeker's Benefit	<input type="checkbox"/> ₁	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> ₂
EMPLOYMENT SUPPORTS			
Family Income Supplement	<input type="checkbox"/> ₃	Back to Work Enterprise Allowance	<input type="checkbox"/> ₆
Farm Assist	<input type="checkbox"/> ₄	Part-time Job Incentive Scheme	<input type="checkbox"/> ₇
Back to Work Allowance (Employees)	<input type="checkbox"/> ₅	Back to Education Allowance	<input type="checkbox"/> ₈
Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> ₉		
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's or Widower's (Contributory) Pension	<input type="checkbox"/> ₁₀	Deserted Wife's Allowance	<input type="checkbox"/> ₁₄
Deserted Wife's Benefit	<input type="checkbox"/> ₁₁	Prisoner's Wife's Allowance	<input type="checkbox"/> ₁₅
Widowed Parent Grant	<input type="checkbox"/> ₁₂	One-Parent Family Payment	<input type="checkbox"/> ₁₆
Widow's or Widower's (Non-Contrib) Pension	<input type="checkbox"/> ₁₃		
CHILD RELATED PAYMENTS			
Maternity Benefit	<input type="checkbox"/> ₁₇	Health & Safety Benefit	<input type="checkbox"/> ₁₉
Adoptive Benefit	<input type="checkbox"/> ₁₈	Guardian's Payment (Contributory)	<input type="checkbox"/> ₂₀
		Guardian's Payment (Non-Contributory)	<input type="checkbox"/> ₂₁
DISABILITY AND CARING PAYMENTS			
Illness Benefit	<input type="checkbox"/> ₂₂	Injury Benefit	<input type="checkbox"/> ₂₈
Invalidity Pension	<input type="checkbox"/> ₂₃	Incapacity Supplement	<input type="checkbox"/> ₂₉
Disability Allowance	<input type="checkbox"/> ₂₄	Disablement Benefit	<input type="checkbox"/> ₃₀
Blind Pension	<input type="checkbox"/> ₂₅	Medical Care Scheme	<input type="checkbox"/> ₃₁
Carer's Benefit	<input type="checkbox"/> ₂₆	Constant Attendance Allowance	<input type="checkbox"/> ₃₂
Carer's Allowance	<input type="checkbox"/> ₂₇	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> ₃₃
RETIREMENT PAYMENTS			
State Pension (Transition)	<input type="checkbox"/> ₃₄	State Pension Non-Contributory	<input type="checkbox"/> ₃₆
State Pension (Contributory)	<input type="checkbox"/> ₃₅	Pre-Retirement Allowance	<input type="checkbox"/> ₃₇

L31a. Does anyone in your household currently receive rent or mortgage supplement? Yes _1 No... _2

L31b. How much does the household receive per week in rent or mortgage supplement? €-----

L32. [Card L32] Looking at Card L32 and thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?

None _1 Less 5 % _2 5% to less 20% _3 20% to less 50% _4 50% to less 75% _5 75% to less than 100% _6 100% _7

COUPLE / LONE PARENT INCOME – income of family unit of <study child>

L33. Does anyone in the household other than yourself and your spouse / partner have an income of any sort – from employment, Social Welfare, a pension etc.

Only respondent and/ or spouse/partner _1 → Go to L37 Other households members _1 → Go to L34

L34. Now I would like you to think ONLY OF THE INCOME WHICH YOU AND YOUR PARTNER / SPOUSE RECEIVE. If you added up all the income sources from YOU AND YOUR PARTNER what would be the COMBINED TOTAL NET INCOME OF THE TWO OF YOU, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above and from BOTH YOU AND YOUR PARTNER / SPOUSE.

D.K..... _99 €_____ per Week..... _1 Month _2 Year _3
 [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO L35. If exact figure given go to L37]

L35 [Show Card L35] I know that it is difficult to give an exact figure for the income of you and your spouse/partner but on Card L35 we have a scale of incomes, and we would like to know into which group the combined total NET income of you and your spouse / partner falls, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above but only for you and your partner. Looking at the card could you tell me the letter of the group into which the combined income of you and your spouse / partner falls, after deductions for tax and PRSI.

[Int.: Tick the letter of the group Couple/lone parent falls into, after deductions for tax and PRSI only]

COMBINED NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI FOR RESPONDENT AND PARTNER

Per Week	Per Month	Per Year	Category
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> _1 → Section A, Card L36
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000	B <input type="checkbox"/> _2 → Section B, Card L36
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000	C <input type="checkbox"/> _3 → Section C, Card L36
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000	D <input type="checkbox"/> _4 → Section D, Card L36
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000	E <input type="checkbox"/> _5 → Section E, Card L36
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000	F <input type="checkbox"/> _6 → Section F, Card L36
€926 to under €1,150	€4,001 to under €5,000	€48,001 to under €60,000	G <input type="checkbox"/> _7 → Section G, Card L36
€1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000	H <input type="checkbox"/> _8 → Section H, Card L36
€1,501 to under €1,850	€6,501 to under €8,000	€78,001 to under €96,000	I <input type="checkbox"/> _9 → Section I, Card L36
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> _10 → Section J, Card L36
	Refused		<input type="checkbox"/> _77
			Don't' Know..... <input type="checkbox"/> _88

L36. Would that be [Int: Show Card L36 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

A	Per week	under €75 <input type="checkbox"/> _1	€75 to €150 <input type="checkbox"/> _2	€151 to €230 <input type="checkbox"/> _3
	Per month	€0 to €300 <input type="checkbox"/> _1	€301 to €650 <input type="checkbox"/> _2	€651 to €1,000 <input type="checkbox"/> _3
	Per year	€0 to €4,000 <input type="checkbox"/> _1	€4,001 to €8,000 <input type="checkbox"/> _2	€8,001 to €12,000 <input type="checkbox"/> _3
B	Per week	€231 to €270 <input type="checkbox"/> _1	€271 to €310 <input type="checkbox"/> _2	€311 to €350 <input type="checkbox"/> _3
	Per month	€1,001 to €1,150 <input type="checkbox"/> _1	€1,151 to €1,350 <input type="checkbox"/> _2	€1,351 to €1,500 <input type="checkbox"/> _3
	Per year	€12,001 to €14,000 <input type="checkbox"/> _1	€14,001 to €16,000 <input type="checkbox"/> _2	€16,001 to €18,000 <input type="checkbox"/> _3
C	Per week	€351 to €390 <input type="checkbox"/> _1	€391 to €420 <input type="checkbox"/> _2	€421 to €460 <input type="checkbox"/> _3
	Per month	€1,501 to €1,700 <input type="checkbox"/> _1	€1,701 to €1,800 <input type="checkbox"/> _2	€1,801 to €2,000 <input type="checkbox"/> _3
	Per year	€18,001 to €20,000 <input type="checkbox"/> _1	€20,001 to €22,000 <input type="checkbox"/> _2	€22,001 to €24,000 <input type="checkbox"/> _3
D	Per week	€461 to €500 <input type="checkbox"/> _1	€501 to €535 <input type="checkbox"/> _2	€536 to €575 <input type="checkbox"/> _3
	Per month	€2,001 to €2,150 <input type="checkbox"/> _1	€2,151 to €2,300 <input type="checkbox"/> _2	€2,301 to €2,500 <input type="checkbox"/> _3
	Per year	€24,001 to €26,000 <input type="checkbox"/> _1	€26,001 to €28,000 <input type="checkbox"/> _2	€28,001 to €30,000 <input type="checkbox"/> _3
E	Per week	€576 to €650 <input type="checkbox"/> _1	€651 to €750 <input type="checkbox"/> _2	€751 to €800 <input type="checkbox"/> _3
	Per month	€2,501 to €2,800 <input type="checkbox"/> _1	€2,801 to €3,250 <input type="checkbox"/> _2	€3,251 to €3,500 <input type="checkbox"/> _3
	Per year	€30,001 to €34,000 <input type="checkbox"/> _1	€34,001 to €38,000 <input type="checkbox"/> _2	€38,001 to €42,000 <input type="checkbox"/> _3
F	Per week	€801 to €850 <input type="checkbox"/> _1	€851 to €880 <input type="checkbox"/> _2	€881 to €925 <input type="checkbox"/> _3
	Per month	€3,501 to €3,650 <input type="checkbox"/> _1	€3,651 to €3,800 <input type="checkbox"/> _2	€3,801 to €4,000 <input type="checkbox"/> _3
	Per year	€42,001 to €44,000 <input type="checkbox"/> _1	€44,001 to €46,000 <input type="checkbox"/> _2	€46,001 to €48,000 <input type="checkbox"/> _3

G	Per week	€926 to €1,000 <input type="checkbox"/> ₁	€1,001 to €1,050 <input type="checkbox"/> ₂	€1,051 to €1,150 <input type="checkbox"/> ₃
	Per month	€4,001 to €4,300 <input type="checkbox"/> ₁	€4,301 to €4,600 <input type="checkbox"/> ₂	€4,601 to €5,000 <input type="checkbox"/> ₃
	Per year	€48,001 to €52,000 <input type="checkbox"/> ₁	€52,001 to €56,000 <input type="checkbox"/> ₂	€56,001 to €60,000 <input type="checkbox"/> ₃
H	Per week	€1,151 to €1,250 <input type="checkbox"/> ₁	€1,251 to €1,375 <input type="checkbox"/> ₂	€1,376 to €1,500 <input type="checkbox"/> ₃
	Per month	€5,001 to €5,500 <input type="checkbox"/> ₁	€5,501 to €6,000 <input type="checkbox"/> ₂	€6,001 to €6,500 <input type="checkbox"/> ₃
	Per year	€60,001 to €66,000 <input type="checkbox"/> ₁	€66,001 to €72,000 <input type="checkbox"/> ₂	€72,001 to €78,000 <input type="checkbox"/> ₃
I	Per week	€1,501 to €1,600 <input type="checkbox"/> ₁	€1,601 to €1,750 <input type="checkbox"/> ₂	€1,751 to €1,850 <input type="checkbox"/> ₃
	Per month	€6,501 to €7,000 <input type="checkbox"/> ₁	€7,001 to €7,500 <input type="checkbox"/> ₂	€7,501 to €8,000 <input type="checkbox"/> ₃
	Per year	€78,001 to €84,000 <input type="checkbox"/> ₁	€84,001 to €90,000 <input type="checkbox"/> ₂	€90,001 to €96,000 <input type="checkbox"/> ₃
J	Per week	€1,851 to €2,100 <input type="checkbox"/> ₁	€2,101 to €2,400 <input type="checkbox"/> ₂	€2,401 or more <input type="checkbox"/> ₃
	Per month	€8,001 to €9,250 <input type="checkbox"/> ₁	€9,251 to €10,500 <input type="checkbox"/> ₂	€10,501 or more <input type="checkbox"/> ₃
	Per year	€96,000 to €110,000 <input type="checkbox"/> ₁	€11,0001 to €125,000 .. <input type="checkbox"/> ₂	€125,001 or more <input type="checkbox"/> ₃

Time Section Ended

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(24 hour clock)

L37. [Card L37] Looking at Card L37, what is the highest level of education you have completed to date?

- Primary or less ₁
Intermediate/ junior/ Group Certificate or equivalent ₂
Leaving Certificate or equivalent ₃
Diploma/ Certificate ₄
Primary degree ₅
Postgraduate/ Higher degree ₆
Refusal ₈₈

L38. [Card L38] Looking at Card L38, what language or languages do you and your partner speak with the study child most often at home? [Int. Tick all that apply]

- English ₁
Irish ₂
Arabic ₃
French ₄
Polish ₅
Russian ₆
Czech ₇
Latvian ₈
Portuguese ₉
Spanish ₁₀
Chinese ₁₁
Lithuanian ₁₂
Romanian ₁₃
Other (specify) ₁₄

[If English and any other language other than Irish is spoken at home, ask:]

L38a. Is English your native language? Yes ₁ → **Go to L41** No ₂

[Int: Ask L39 and L40 only if any language other than Irish or English is usually spoken at home see L38 above]

L39. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children's storybook in your own language?

Yes ₁ No ₂

L40. Can you usually read and fill out forms you might have to deal with in your own language?

Yes ₁ No ₂

L41. As you may know many people have problems with reading. Can I just check can you read aloud to a child from a children's story book written in English?

Yes ₁ No ₂

L42. Can you usually read and fill out forms you might have to deal with in English?

Yes ₁ No ₂

L43. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

Yes ₁ No ₂

L44. Are you a citizen of Ireland? Yes ₁ No ₂ Don't know ₈

L45. What citizenship do you hold? Don't know ₈

L46. Were you born in Ireland? Yes ₁ No ₂ Don't know ₈

L47. In which country were you born? _____ Don't know ₈

L48. How long ago did you first come to live in Ireland?
 Within the last year ₁ 1-5 years ago ₂ 6-10 years ago ₃ 11-20 years ago ₄ More than 20 years ago ₅ Don't Know ₈₈

L49. And what about the Study Child. Is he / she a citizen of Ireland? Yes ₁ No..... ₂ DK ₈

L50. What citizenship does he / she hold? _____ Don't know ₈

L51. Was the Study Child born in Ireland? Yes..... ₁ No ₂

L52. In which country was he/she born? _____ Don't know ₈

L53. How long ago did the Study Child first come to live in Ireland?
 Within the last year ₁ 1-5 years ago ₂ 6-10 years ago ₃ Don't Know ₈₈

L54. [Card L54] Looking at Card L54, What is your ethnic or cultural background?
 Irish ₁ Any other Black background ₅
 Irish Traveller ₂ Chinese ₆
 Any other white background ₃ Any other Asian background ₇
 African ₄ Other – incl. mixed background (specify) ₈

L55. Does anyone other than yourself and/ or your spouse / partner provide care to the Study Child on a regular basis for 8 or more hours each week? This could be in your own home, in a child-minder's home, in a crèche an after-school club etc. The person providing the care might be a relative or non-relative.

Yes, regular care 8 hrs per week or more ₁ No regular care 8 hrs per wk or more..... ₂ → Go to M1

L56. Is this care provided in:
 the child's home ₁
 a relative's home ₂
 home of carer – non-relative ₃
 centre – (crèche, after-school etc.) ₄

L57. We would like to send a short questionnaire to the person / centre who provides this care to the Study Child. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the person or centre which provides this care to the Study Child?

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

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

M. Neighbourhood / Community

Finally, we would like to ask you some questions about your local area.

M1. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?
 Yes ₁ No ₂

M2. 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
Rubbish and litter lying about	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Homes and gardens in bad condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Vandalism and deliberate damage to property	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
People being drunk or taking drugs in public	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

M3. To what extent do you agree or disagree with these statements about your local area?

	Strongly Agree	Agree	Disagree	Strongly Disagree
It is safe to walk alone in this area after dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
It is safe for children to play outside during the day in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are safe parks, playgrounds and play spaces in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

M4. I am going to read out a range of services. Could you tell me whether these services are available in or within relatively easy access of YOUR LOCAL AREA?

	<u>Available?</u>			<u>Available?</u>	
	Yes	No		Yes	No
1. Regular public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	5. Social Welfare Office	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. GP or health clinic.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	6. Banking/ Credit Union	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. Schools (primary or secondary)..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	7. Essential grocery shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. Library	<input type="checkbox"/> 1	<input type="checkbox"/> 2	8. Recreational facilities appropriate to a 9-yr old	<input type="checkbox"/> 1	<input type="checkbox"/> 2

M5. Do you have any family living in this area? Yes 1 No 2

M6. Would you describe the place where the household is situated as being.....?

In open country	<input type="checkbox"/> 1	Waterford city	<input type="checkbox"/> 7
In a village (200-1,499)	<input type="checkbox"/> 2	Galway city	<input type="checkbox"/> 8
In a town (1,500-2,999).....	<input type="checkbox"/> 3	Limerick city.....	<input type="checkbox"/> 9
In a town (3,000-4,999).....	<input type="checkbox"/> 4	Cork city.....	<input type="checkbox"/> 10
In a town (5,000-9,999).....	<input type="checkbox"/> 5	Dublin city (incl. Dun Laoghaire)	<input type="checkbox"/> 11
In a town (10,000 or more).....	<input type="checkbox"/> 6	Dublin county (outside Dublin city) urban.....	<input type="checkbox"/> 12
		Dublin county (outside Dublin city) rural.....	<input type="checkbox"/> 13

Time Section Ended

(24 hour clock)