



15M

**GROWING UP IN IRELAND  
STRICTLY CONFIDENTIAL**

**INFANT COHORT AT 9 YEARS**

**PRIMARY CAREGIVER QUESTIONNAIRE**

GROUP  HOUSEHOLD  CHILD NUMBER

INTERVIEWER NAME \_\_\_\_\_ INTERVIEWER NO:

DATE: \_\_\_\_ dd \_\_\_\_ mm \_\_\_\_ yy

About 4 years have passed since we visited you and your family, when <child> was 5 years of age. We would like to interview the parents/guardians of <child> as well as <child> him/herself. The whole interview with the parents/guardians and child will take about \_\_\_\_ minutes to complete [INTERVIEWER: ADJUST AS APPROPRIATE FOR YOU IN THE FIELD].

As with the previous interviews, all the information given to a *Growing Up in Ireland* interviewer in the course of the survey is treated in the strictest confidence and will not be provided to anyone in a manner which would allow it to be associated with you or your family. However, if the interviewer observes something or is told something other than in answer to direct survey questions which causes them or the people running the Study to have serious concerns for the welfare of a child or other vulnerable person, they may have to tell someone who can help.

*Growing Up in Ireland* is a Government study which is almost wholly funded by the Department of Children and Youth Affairs, in association with the Central Statistics Office. A contribution in support of the study is also being provided by The Atlantic Philanthropies.

The Department of Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

**Section A – Household Composition**

A1a. Is <primary caregiver at Previous wave> still resident in the household?

Yes ..... 1 No ..... 2 Go to A7a Resident but not available to do PCG 3 Go to A7a

A1b. Do you have a spouse/partner who lives here with you in the household?

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

**A1c. When we last visited your home in [MM/YYYY] you told us that [number of people resident at Previous wave] lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.**

**A2. \*\*\*The name, sex, date of birth, and relationship of each person to the <primary respondent at Previous wave> and <child> will be checked and edited where necessary and their residency in the household at Current wave confirmed.\*\*\***

| No. | First name | Sex                      |                          | Date of Birth | If DOB not available | Still resident?          |                          | Relationship of each member to PCG and child. |                          | (E) [CARD PES]           |                          |                          |                          |                          |                          |                          |                          |
|-----|------------|--------------------------|--------------------------|---------------|----------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|     |            | M                        | F                        |               |                      | Y                        | N                        | R'SHIP TO:                                    | R'SHIP TO:               | Not yet at school        | School/Education         | At work/Training         | Unemployed               | Retired                  | Home Duties              | Other                    |                          |
|     |            |                          |                          |               |                      |                          |                          | CARD REL                                      | CARD REL                 |                          |                          |                          |                          |                          |                          |                          | PCG                      |
| 1   |            | <input type="checkbox"/> | <input type="checkbox"/> | ____          |                      | <input type="checkbox"/> | <input type="checkbox"/> | ///   |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 2   |            | <input type="checkbox"/> | <input type="checkbox"/> | ____          |                      | <input type="checkbox"/> | <input type="checkbox"/> | ///   |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 3   |            | <input type="checkbox"/> | <input type="checkbox"/> | ____          |                      | <input type="checkbox"/> | <input type="checkbox"/> |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4   |            | <input type="checkbox"/> | <input type="checkbox"/> | ____          |                      | <input type="checkbox"/> | <input type="checkbox"/> |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5   |            | <input type="checkbox"/> | <input type="checkbox"/> | ____          |                      | <input type="checkbox"/> | <input type="checkbox"/> |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6   |            | <input type="checkbox"/> | <input type="checkbox"/> | ____          |                      | <input type="checkbox"/> | <input type="checkbox"/> |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7   |            | <input type="checkbox"/> | <input type="checkbox"/> | ____          |                      | <input type="checkbox"/> | <input type="checkbox"/> |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8   |            | <input type="checkbox"/> | <input type="checkbox"/> | ____          |                      | <input type="checkbox"/> | <input type="checkbox"/> |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Interviewer: PCG should be on line 1. Study Child should be on line 2. SCG on line 3 (if relevant).

**[BLAISE CONDITION: IF ANY PERSON RESIDENT AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD AT CURRENT WAVE: ASK QUESTIONS AS1 – AS3 ON THE SENSITIVE QUESTIONNAIRE]**  
**[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID AT PREVIOUS WAVE - ADD THEM TO THE NEW GRID BELOW]**

**A3a. Is anyone else currently living with you in the household whom we have not recorded above?**

**[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID LAST TIME ANSWER 'Yes' TO THIS QUESTION AND ADD THEM TO THE NEW GRID BELOW]**

Yes ..... 1 No..... 2 Go to A4

**A3b. How many people have joined the household since we last spoke?**

| No | First Name | Sex                      |                          | Date of Birth | If DOB not available | Relationship of each member to PCG and child |                  | Since when have they been living with you |      | Resident Y/N | [CARD PES]               |                          |                          |                          |                          |                          |                          |                          |
|----|------------|--------------------------|--------------------------|---------------|----------------------|--|------------------|---|------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|    |            | M                        | F                        |               |                      | PCG (Card REL)                               | Child (Card REL) | Month                                     | Year |              | Not yet at school        | School/Education         | At work/Training         | Unemployed               | Retired                  | Home Duties              | Other                    |                          |
|    |            |                          |                          |               |                      |  |                  |   |      |              |                          |                          |                          |                          |                          |                          |                          |                          |
| 21 |            | <input type="checkbox"/> | <input type="checkbox"/> | ____          |                      |  |                  |   |      |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 |            | <input type="checkbox"/> | <input type="checkbox"/> | ____          |                      |  |                  |   |      |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 |            | <input type="checkbox"/> | <input type="checkbox"/> | ____          |                      |  |                  |   |      |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 |            | <input type="checkbox"/> | <input type="checkbox"/> | ____          |                      |  |                  |   |      |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 |            | <input type="checkbox"/> | <input type="checkbox"/> | ____          |                      |  |                  |   |      |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**[INTERVIEWER: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID AT A3 ABOVE INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]**

**A4. So that's a total of \_\_\_\_\_ people who live here in the household at present. Is that correct?**

Yes ..... <sub>1</sub>

No ..... <sub>2</sub> →

[INTERVIEWER: CHECK HOUSEHOLD GRID]

[INTERVIEWER ASK ONLY IF <PREVIOUS WAVE PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT CURRENT WAVE.]

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

Yes ..... <sub>1</sub> **Go to A9a**

No ..... <sub>2</sub>

**A6a. Why is that?** \_\_\_\_\_  
\_\_\_\_\_

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

**A6b. You mentioned that <spouse/partner> [identified at A1b above] lives here with you as part of the household. This means that we should interview him/her as the primary caregiver of <child> on this occasion. Is that correct?**

Yes ..... <sub>1</sub>

No ..... <sub>2</sub>

[INTERVIEWER: PLEASE ESTABLISH WHO IS THE PRIMARY CAREGIVER OF <CHILD> AT THIS TIME] **Go to A9a**

[INTERVIEWER IF PRIMARY CAREGIVER AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD AT CURRENT WAVE ASK A7a – A9.]

**A7a. Are you the legal parent / guardian of <child> who usually provides the most care to him/her?**

Yes ..... <sub>1</sub>

No ..... <sub>2</sub> →

[INTERVIEWER: ASK TO SPEAK TO PCG]

**A7b. [CARD A7B] Can you please tell me which of the following best describes your relationship to <child>? [INTERVIEWER USE CODES ONLY]**

Biological mother/ father ..... <sub>1</sub>

Grandparent ..... <sub>5</sub>

Adoptive mother/ father ..... <sub>2</sub>

Aunt/uncle ..... <sub>6</sub>

Step-mother / Step-father / Partner of child's parent .... <sub>3</sub>

Other relative/ in law ..... <sub>7</sub>

Foster mother / father ..... <sub>4</sub>

Unrelated guardian..... <sub>8</sub>

**A7c. Do you have a spouse/partner who lives here with you in the household?**

Yes ..... <sub>1</sub>

No ..... <sub>2</sub>

**A8a. How many people in total (including yourself and <child>) live here regularly as members of the household? \_\_\_\_\_ persons**

| No. | First name/Initial | Sex<br>M F  | Date of Birth | If DOB not available | Was this Person Resident at Previous wave? |                          | Relationship of each member to PCG and child. |  | (E) [CARD PES]           |                          |                          |                          |                          |                          |                          |                          |
|-----|--------------------|---|---------------|----------------------|--|--------------------------|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|     |                    |   |               |                      | Y  | N                        | <u>R'SHIP TO:</u><br>CARD REL<br>PCG          | <u>R'SHIP TO:</u><br>CARD REL<br>Study Child | Not yet at school        | School/Education         | At work/Training         | Unemployed               | Retired                  | Home Duties              | Other                    |                          |
|     |                    |   |               |                      | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                     |                          |                          |                          |                          |                          |                          |                          |                          |
| 51  |                    | <input type="checkbox"/> <input type="checkbox"/> | _____         |                      | <input type="checkbox"/>                   | <input type="checkbox"/> | ///   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52  |                    | <input type="checkbox"/> <input type="checkbox"/> | _____         |                      | <input type="checkbox"/>                   | <input type="checkbox"/> | ///   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53  |                    | <input type="checkbox"/> <input type="checkbox"/> | _____         |                      | <input type="checkbox"/>                   | <input type="checkbox"/> |   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54  |                    | <input type="checkbox"/> <input type="checkbox"/> | _____         |                      | <input type="checkbox"/>                   | <input type="checkbox"/> |   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55  |                    | <input type="checkbox"/> <input type="checkbox"/> | _____         |                      | <input type="checkbox"/>                   | <input type="checkbox"/> |   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A8b. Was that person born into the household or did they join for another reason?**

Born into the household ..... <sub>1</sub>

Joined for another reason (specify) \_\_\_\_\_ <sub>2</sub>

**A8c. Since when has this person being living here in the household? \_\_\_\_\_ month \_\_\_\_\_ year**

**Go to A9a**

**A9a. Does <child> have any full, half or step brother(s) or sister(s) who live outside the household?**

Yes ..... <sub>1</sub>

No ..... <sub>2</sub>

**A9b. How many full/half/step brother(s)/sister(s) does <child> have who live outside the household? \_\_\_\_\_ n**

**A9c. [CARD A9C] For each full/half/step brother/sister who lives outside the household, can you tell me:**

**1) their sex**

**2) their Date of Birth (DOB)**

**3) their relationship to <child>**

1. Male <sub>1</sub> Female <sub>2</sub> Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Relationship to <child> [CARD A9c]

2. Male <sub>1</sub> Female <sub>2</sub> Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Relationship to <child> [CARD A9c]

3. Male <sub>1</sub> Female <sub>2</sub> Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Relationship to <child> [CARD A9c]

## Section B - Child's Sleep and Relationships

**B1. On a normal day, what time in the evening does <child> usually go to bed? \_\_\_\_\_ (24 hour clock)**

**B2. On a normal day, what time does <child> wake up at in the morning? \_\_\_\_\_ (24 hour clock)**

**B4. [CARD B4] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.**

|   | Definitely does<br>not apply | Does not<br>really apply   | Neutral<br>not sure        | Applies<br>somewhat        | Definitely<br>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. 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 |
| g. My child spontaneously shares information about his/herself .....                    | <input type="checkbox"/> 1   | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| h. 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 |
| i. It is easy to be in tune with what my child is feeling .....                         | <input type="checkbox"/> 1   | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| j. My child remains angry or is resistant after being disciplined .....                 | <input type="checkbox"/> 1   | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| k. Dealing with my child drains my energy .....   | <input type="checkbox"/> 1   | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| l. When my child is in a bad mood I know we're in for a<br>long and difficult day ..... | <input type="checkbox"/> 1   | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| m. My child's feelings toward me can be unpredictable or can<br>change suddenly.....    | <input type="checkbox"/> 1   | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| n. My child is sneaky or manipulative with me.....                                      | <input type="checkbox"/> 1   | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| o. My child openly shares his/her feelings and experiences with me...                   | <input type="checkbox"/> 1   | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**B5. [CARD B5] How often do you do the following when <child> misbehaves?**

|  | Never                      | Rarely                     | Now and again              | Regularly                  | Always                     | Can't say                  |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Discuss/Explain why behaviour was wrong....                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| b. Ignore him/her.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| c. Shout or yell at him/her.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| d. Send him/her out of the room or to<br>his/her bedroom or naughty step ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| e. 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"/> 6 |
| f. Tell him/her off .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| g. Bribe him/her.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| h. 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"/> 6 |

## Section C - Child's physical health and development

**C1. [CARD C1] In general, how would you describe <child's> current health?**

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

**C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?**

- Yes ..... <sub>1</sub>                      No ..... <sub>2</sub> → **Go to C10**

**C3. [CARD C3] What longstanding illness, condition or disability does <child> have?**

**[INTERVIEWER – CODE FOR UP TO 3 ILLNESSES]**

- |   |  |
|---|--|
| Asthma.....   | <input type="checkbox"/> <sub>1</sub>  |
| Cystic Fibrosis.....  | <input type="checkbox"/> <sub>2</sub>  |
| Heart abnormalities.....  | <input type="checkbox"/> <sub>3</sub>  |
| Eczema or any kind of skin allergy .....                                    | <input type="checkbox"/> <sub>4</sub>  |
| Any kind of respiratory allergy (including hayfever) .....                  | <input type="checkbox"/> <sub>5</sub>  |
| Any kind of food or digestive allergy or food intolerance .....             | <input type="checkbox"/> <sub>6</sub>  |
| Problem with non-food allergies, such as to dust, animals or medicine ..... | <input type="checkbox"/> <sub>7</sub>  |
| Bone, joint or muscle problems.....   | <input type="checkbox"/> <sub>8</sub>  |
| A problem using his/her arms or legs .....                                  | <input type="checkbox"/> <sub>9</sub>  |
| A problem using his/her hands or fingers .....                              | <input type="checkbox"/> <sub>10</sub> |
| Hyperactivity/Problems with attention ADD / ADHD .....                      | <input type="checkbox"/> <sub>11</sub> |
| Severe behavioural problems .....   | <input type="checkbox"/> <sub>12</sub> |
| Autism Spectrum Disorder .....  | <input type="checkbox"/> <sub>13</sub> |
| Other psychological or emotional condition .....                            | <input type="checkbox"/> <sub>14</sub> |
| Intellectual disability .....   | <input type="checkbox"/> <sub>15</sub> |
| Diabetes .....  | <input type="checkbox"/> <sub>16</sub> |
| Kidney disease.....   | <input type="checkbox"/> <sub>17</sub> |
| Migrainous headaches.....   | <input type="checkbox"/> <sub>18</sub> |
| Epilepsy or seizures.....   | <input type="checkbox"/> <sub>19</sub> |
| Down syndrome .....   | <input type="checkbox"/> <sub>20</sub> |
| Spina bifida/hydrocephalis .....  | <input type="checkbox"/> <sub>21</sub> |
| Cerebral palsy.....   | <input type="checkbox"/> <sub>22</sub> |
| Other (please specify).....   | <input type="checkbox"/> <sub>23</sub> |

**[INTERVIEWER – CODE FOR UP TO 3 ILLNESSES]**

**C4. Has this illness, condition or disability been diagnosed by a medical professional?**

- Yes ..... <sub>1</sub>                      No..... <sub>2</sub>

**C5. Since when has <child> had this illness, condition or disability? \_\_\_\_\_ year**

**C6. Since when has <child> had this illness, condition or disability? \_\_\_\_\_ month**

**C7. Do any of these illnesses hamper <child> in his/her daily activities?**

- Yes, severely ..... <sub>1</sub>              Yes, to some extent..... <sub>2</sub>              No..... <sub>3</sub>

**C8. Please specify all types of food to which <child> has a food or digestive allergy or food intolerance**

- a. Food 1:** \_\_\_\_\_              **b. Food 2:** \_\_\_\_\_              **c. Food 3:** \_\_\_\_\_

**C9. Does <child> currently take any medication (including inhalers) for this longstanding illness, condition or disability; something that has been prescribed by a doctor or that you buy over the counter in the pharmacy? Don't include vitamin supplements unless they have been recommended or prescribed by a doctor. To be sure I get the name of the medication completely correct, it would help if you could show me the actual labels.**

**[INTERVIEWER: CODE UP TO FIVE AND FOR EACH. INCLUDE WHEN THE CHILD MOST RECENTLY STARTED TO TAKE THE MEDICATION]**

|   | Medication | Year started |
|---|------------|--------------|
| 1 |            |              |
| 2 |            |              |
| 3 |            |              |
| 4 |            |              |
| 5 |            |              |

**C10. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction?**

**[INTERVIEWER: EXPLAIN THAT 'CORRECTION' INCLUDES BEING PRESCRIBED GLASSES]**

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

**C11. Has this sight problem been diagnosed by a professional?**

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

**C12. What is the nature of this sight problem?** \_\_\_\_\_

**C13. Since when has <child> had this sight problem?** \_\_\_\_\_ year

**C14. Since when has <child> had this sight problem?** \_\_\_\_\_ month

**C15. Does this sight problem hamper <child> in his/her daily activities?**

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

**C16. Has <child> ever had grommets inserted in his / her eardrums?**

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

**C17. When?** Year \_\_\_\_\_ Month \_\_\_\_\_

**C18. Does <child> currently have, or at any time in the past had, any other sort of hearing problem requiring correction?**

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

**C19. Has this hearing problem been diagnosed by a professional?**

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

**C20. What is the nature of this hearing problem?**

**C21. Since when has <child> had this hearing problem?** \_\_\_\_\_ year

**C22. Since when has <child> had this hearing problem?** \_\_\_\_\_ month

**C23. Does this hearing problem hamper <child> in his/her daily activities?**

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

**C24. Does <child> usually require ongoing support to be able to move around?**

Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**C25. What supports does <child> require? [INTERVIEWER: TICK YES OR NO FOR EACH]**

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

**C26. Does <child> need the help of another person to get around in the wheelchair?**

Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**C27. In the past 12 months has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?**

Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**C28. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? \_\_\_\_\_ N**

**C29. In the past 12 months has your child been prescribed the following specifically for this wheezing with whistling on his/her chest?**

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

**C30. [CARD C30] In the past 12 months, how many times have you seen or talked on the telephone with any of the following about <child's> physical or emotional health? [INTERVIEWER: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]**

a. A general practitioner (GP) ..... \_\_\_\_\_ N  
b. Out-of-hours GP service ..... \_\_\_\_\_ N  
c. A paediatrician / consultant / hospital doctor ..... \_\_\_\_\_ N  
d. A public health nurse ..... \_\_\_\_\_ N  
e. A practice nurse (i.e. a nurse in a GP's surgery/clinic)..... \_\_\_\_\_ N  
f. A psychiatrist/psychologist..... \_\_\_\_\_ N  
g. Accident and Emergency..... \_\_\_\_\_ N  
h. A private walk-in clinic or medical centre e.g. Swiftcare..... \_\_\_\_\_ N  
i. A social worker..... \_\_\_\_\_ N  
j. A speech therapist ..... \_\_\_\_\_ N  
k. Other medical professional (please specify)..... \_\_\_\_\_ N

**C31. Has <child> received a course of antibiotics in the past 12 months?**

Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**C32. In total, how many courses of antibiotics has <child> received in the past 12 months? \_\_\_\_\_ N**

**C33. Since the time of the last interview in MM/YY, approximately how many nights has <child> spent in hospital? \_\_\_\_\_ nights [INTERVIEWER: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']**

**C34. Most children have accidents at some time. Since the last time we interviewed you in [MM/YYYY] , has <child> had an accident or injury for which he/she has been taken to the doctor, health centre or hospital?**

Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**C35. How many separate accidents has <child> had since the last interview in [MM/YYYY]? \_\_\_\_\_ accidents**

**C36. [CARD C36] Thinking about the MOST RECENT (or only) accident or injury since the last interview, what sort of accident or injury was it?**



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

**C37. What age was <child> when this MOST RECENT (or only) accident or injury happened? \_\_\_\_\_ Years**

**C38. Did <child> go to the hospital?** Yes 1 No 2

**C39. Was this to Casualty / Accident and Emergency only or was he/she admitted to a hospital ward?**

Casualty / Accident and Emergency only ..... 1

Admitted to a Hospital Ward ..... 2

**C40. [CARD C40] Where did this accident happen?**

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

**C41. [CARD C41] Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it because: [INTERVIEWER: READ OUT]**

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

**C42. Is <child> currently on a waiting list for any type of medical assessment or treatment?**

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

**C43. Please specify \_\_\_\_\_**

**C44. Do you have any concerns about how <child> talks and makes speech sounds? Would you say no, yes a little or yes a lot?**

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

**C45. [CARD C45] In which areas does <child> have difficulties? What speech problems does <child> have?**

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

**C46. Has this speech or language problem been diagnosed by a medical professional?**

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

C47. Since when has <child> had this speech or language problem? \_\_\_\_\_ year

C48. Since when has <child> had this speech or language problem? \_\_\_\_\_ month

C49. Has <child> received any treatment for his/her speech or language problem? Yes 1 No 2

C50. Does this speech or language problem hamper <child> in his/her daily activities?

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

C51. Do you think <child> has a Specific Learning Difficulty, Communication or Co-ordination Disorder

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

C52. [CARD C52] Looking at Card C52, what is the nature of the difficulty or disorder?

[INTERVIEWER. TICK ALL THAT APPLY]

Dyslexia (incl. Dysgraphia, dyscalculia)..... 1 Speech & Language Difficulty..... 5  
ADHD (Attention Deficit Hyperactivity Disorder)..... 2 Dyspraxia..... 6  
Autism..... 3 Slow progress (reasons unclear)..... 7  
Aspergers Syndrome..... 4 Other (specify) ..... 8

C53. Was it diagnosed by a professional?

Yes ..... 1 No ..... 2 Awaiting consultation ..... 3

C54. Since when has <child> had this difficulty? \_\_\_\_\_ year

C55. Since when has <child> had this difficulty? \_\_\_\_\_ month

C56. Does this difficulty hamper <child> in his/her daily activities?

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

[INTERVIEWER: EXCEPT WHERE SPECIFIED, THE QUESTIONS ON ORAL HEALTH REFER TO TREATMENT FOR DENTAL HEALTH PROBLEMS/MEDICAL REASONS RATHER THAN PURELY COSMETIC TREATMENTS]

C57. How would you rate <child's> oral health?

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

C58. Which of the following best describes how regularly <child> visits the dentist?

At least once a year ..... 1 Only when there is a problem ..... 4  
Once every two years ..... 2 Never/Almost never ..... 5 Go to C60a  
Once every three years ..... 3

C59. When was the last time <child> saw a dentist?

Year \_\_\_\_\_ Month \_\_\_\_\_

a. Was it a HSE or private dentist?

HSE .... 1 Private..... 2

b. Did <child> have any treatment?

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

C60a. Has <child> ever had any permanent / secondary teeth filled? Yes ..... 1 No 2

b. How many? \_\_\_\_\_

C61a. Has <child> ever had any permanent / secondary teeth extracted? Yes ..... 1 No 2

b. How many? \_\_\_\_\_

c. Were the extractions part of orthodontic treatment? ..... Yes ..... 1 No 2

**C62. [CARD C62] How often does <child> brush his/her teeth?**

- More than twice a day ..... 1
- Twice a day ..... 2
- Once a day ..... 3
- Less often than once a day ..... 4
- Rarely ..... 5
- Not at all ..... 6

**C63. [CARD C63] Was there any time in the last 12 months when, in your opinion, <child> needed a dental examination or treatment but he /she did not receive it because:**

- |   | 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) Our dental insurance didn't cover the treatment.....               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d) You could not take time off work to visit the dentist.....         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e) You wanted to wait and see if the problem got better.....          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f) Study child refused / fear of dentist.....                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g) Study child still on the waiting list.....                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h) Too far to travel / no means of transport.....                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| i) Other (specify).....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**Section D - Child's diet and exercise**

**D1. [CARD D1] In the last 24 hours has <Child> had the following foods and drinks once, twice, more than twice or not at all?**

- |  | Once                       | Twice                      | More than<br>twice         | Not<br>At All              | Don't<br>know              |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Fresh fruit .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b) Fruit juice .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c) Meat / Chicken / Fish .....                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d) Eggs .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e) Cooked vegetables.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f) Raw vegetables or salad.....                                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 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 | <input type="checkbox"/> 5 |
| h) Hot chips or French fries .....                                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| i) Crisps or savoury snacks .....                                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| j) Bread.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| k) Potatoes/ Pasta/ Rice .....                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| l) Cereals .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| m) Biscuits, doughnuts, cake, pie or chocolate.....                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| n) Cheese/yoghurt/ fromage frais.....                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| o) Low fat Cheese/ low fat yoghurt.....                              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| p) Water (tap water / still water/ sparkling water) .....            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| q) Soft drinks / minerals / cordial / squash (not diet) .....        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| r) Soft drinks / minerals / cordial / squash (diet) .....            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 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 | <input type="checkbox"/> 5 |
| t) Skimmed milk or skimmed milk products .....                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| u) Full fat lactose free or vegan alternatives to milk products..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| v) Low fat lactose free or vegan alternatives to milk products.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**D2. Does <child> usually have something to eat before going to school? Yes.....1 No ..... 2**

**D3. [CARD D3] Which of these best describes <child's> weight?**

[INTERVIEWER: ASK THE RESPONDENT TO USE CODES 1-4 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- |                    |                            |                          |                            |
|--------------------|----------------------------|--------------------------|----------------------------|
| Underweight.....   | <input type="checkbox"/> 1 | Somewhat overweight..... | <input type="checkbox"/> 3 |
| Normal weight..... | <input type="checkbox"/> 2 | Very overweight .....    | <input type="checkbox"/> 4 |

**D4. [CARD D4] Looking at Card D4, how many times in the past 14 days has <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 | 6 to 8 days.....     | <input type="checkbox"/> 4 |
| 1 to 2 days ..... | <input type="checkbox"/> 2 | 9 or more days ..... | <input type="checkbox"/> 5 |
| 3 to 5 days ..... | <input type="checkbox"/> 3 |                      |                            |

**D5. [CARD D5] Looking at Card D5, how many times in the past 14 days has <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 | 6 to 8 days .....   | <input type="checkbox"/> 4 |
| 1 to 2 days ..... | <input type="checkbox"/> 2 | 9 or more days..... | <input type="checkbox"/> 5 |
| 3 to 5 days ..... | <input type="checkbox"/> 3 |                     |                            |

**D6. [CARD D6] How far away is the school from <child>'s home (one-way distance)?**

- |                                      |                            |                               |                            |
|--------------------------------------|----------------------------|-------------------------------|----------------------------|
| Less than ½mile (1km).....           | <input type="checkbox"/> 1 | 5 miles or more (8km).....    | <input type="checkbox"/> 4 |
| ½ to less than1 mile (1-2km) .....   | <input type="checkbox"/> 2 | Attends boarding school ..... | <input type="checkbox"/> 5 |
| 1 to less than 5 miles (2-8km) ..... | <input type="checkbox"/> 3 |                               |                            |

**D7. How does <child> usually (a) go to school and (b) come home from school?**

[INTERVIEWER: TICK ONE BOX IN COL A AND B]

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

**D8. How long does it usually take <child> (a) to go to school (b) to come home from school?**

[INTERVIEWER: TICK ONE BOX ON COL A AND COL B]

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

**Section E - Parental Health**

**E1. [CARD 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.**

[INTERVIEWER: PLEASE RECORD DIAGNOSIS – NOT SYMPTOMS OF THE PROBLEM.]

**E4a. Has this problem, illness or disability been diagnosed by a medical professional?**

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

**E4b. Since when have you had this problem, illness or disability? \_\_\_\_\_ (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. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?**

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

**E6a. Is <child> covered by a medical card (e.g. a discretionary card) even if the family isn't covered?**

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

**E7. Is <child> covered by private medical insurance?**

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

**E8. Does that insurance include the cost of GP visits?**

Yes, in full ..... 1 Yes, partially ..... 2 No ..... 3

**E9. Do you look after anyone who needs special help or care, for example, someone who is elderly or has a long term illness or who has special needs – either here in your home or elsewhere? Include the study child if applicable. Do not include people whom you are employed to look after, but do include those for whom you are in receipt of a carer's allowance.**

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

**E10. How many people do you provide special help or care to? \_\_\_\_\_ (number of people)**

**E11. [CARD E11] How are you related/connected to this person/these people? (tick all that apply)**

- Your own parent(s) ..... 1
- Your partner/spouse's parent(s) ..... 2
- Your spouse/partner ..... 3
- The study child ..... 4
- Another child ..... 5
- Another adult ..... 6

**E12. Is that person/are those people living here in the family home or elsewhere? (tick all that apply)**

Here, in the family home ..... 1 Lives elsewhere ..... 2

**E13. About how many hours per week would you say that you spend providing care to that person / those people?**

\_\_\_\_\_ hrs per week

**E14. [CARD E14] Would you say that providing this care puts pressure on your family life?**

A lot of pressure ..... 1 A little pressure ..... 2 No pressure ..... 3

**E15. Thinking about your free-time, in general would you say you are:**

[INTERVIEWER:READ OUT]

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

**Section F - Child's play and activities**

**F1. [CARD F1] How often would you do any of the following with <child>?**

- |  | Never                      | Hardly<br>ever             | Occasionally               | One or two<br>times<br>a week | Everyday                   | N/A                        |
|--|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| a) Play with <child> using toys or games / puzzles                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 |                            |
| b) Play computer games with <child>                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 |                            |
| c) Listen to <child> read  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| d) Read to <child>   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 |                            |
| e) Use computer with <child> in educational ways                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 |                            |
| f) Sport or physical activities                                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 |                            |
| g) Go on educational visits outside home such as<br>museums, farms | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 |                            |
| h) Go shopping   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> 5 |                            |

**F2. [CARD F2] In the past month, has <child> done any of these things with you or another family member?**

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

**F3. [CARD F3/F4] Looking at Card F3/F4, on a normal weekday during term time, about how many hours does <child> spend reading for pleasure [NOT during school hours or for homework]? 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.**

**F4. And on a normal weekend day, about how many hours does <child> spend reading for pleasure?**

| F3. During the week (per day)                         | F4. Weekend (per day)                                 |
|---|---|
| None..... <input type="checkbox"/> 1                  | None..... <input type="checkbox"/> 1                  |
| Less than 30mins ..... <input type="checkbox"/> 2     | Less than 30mins ..... <input type="checkbox"/> 2     |
| 30 mins up to 1 hour..... <input type="checkbox"/> 3  | 30 mins up to 1 hour..... <input type="checkbox"/> 3  |
| 1 hour up to 2 hours..... <input type="checkbox"/> 4  | 1 hour up to 2 hours..... <input type="checkbox"/> 4  |
| 2 hours up to 3 hours..... <input type="checkbox"/> 5 | 2 hours up to 3 hours..... <input type="checkbox"/> 5 |
| 3 hours up to 4 hours..... <input type="checkbox"/> 6 | 3 hours up to 4 hours..... <input type="checkbox"/> 6 |
| 4 hours or more..... <input type="checkbox"/> 7       | 4 hours or more..... <input type="checkbox"/> 7       |

F5. Do you do anything specifically to develop or maintain <child's> Irish or other cultural or national identity – such as attending special classes, school, language classes, Gaeltacht, cultural events etc.?

Yes ..... <sub>1</sub> No..... <sub>2</sub>

F6. Which cultural or national identity? Irish..... <sub>1</sub>

Other (please specify) ..... <sub>2</sub>

Specify: \_\_\_\_\_

F7. What sort of things do you do?  
Please specify as fully as possible.

\_\_\_\_\_

F.8 What sort of things do you do?  
Please specify as fully as possible.

\_\_\_\_\_

## Section G – Screen time and internet use

G1. [CARD G1] Now I would like to ask you about <child's> use of electronic devices outside school. The sort of devices I'm thinking about are televisions, games consoles, computers, tablets, smartphones and so on. In particular, I am interested in the amount of time he/she spends on them outside of school on an average day during the week and also at the weekend. So, on average, how long would <child> spend?

Watching TV programmes/DVDs from any source (TV, streamed over the internet or DVD player) on an average day (i) during the week and (ii) at the weekend [CARD G1]

None      Less than 30mins to      1 hour to      2 hours to      3 hours to      4 or more  
                  30 mins      less than      less than      less than      less than      hours  
    1 hour      2 hours      3 hours      4 hours

(a) During the week.. <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub>

(b) At weekends..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub>

On any other screen-based activity (not TV programmes) – such as playing games, on the internet (for any reason)

None      Less than 30 mins      30 mins to      1 hour to      2 hours to      3 hours to      4 or more  
                  30 mins      less than      less than      less than      less than      less than      hours  
    1 hour      2 hours      3 hours      4 hours

(c) During the week.. <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub>

(d) At weekends..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub>

G2. Does <child> have access to the following at home (his/her own or one belonging to someone else)?

|    |  | Yes                                   | No                                    |    |  | Yes                                   | No                                    |
|----|--|---------------------------------------|---------------------------------------|----|--|---------------------------------------|---------------------------------------|
| a. | Television                                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | f. | A mobile phone which doesn't have access to the internet                         | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. | A desktop computer (PC)                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | g. | E-book reader such as a Kindle or Sony-Reader etc.                               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. | A laptop computer                          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | h. | Other handheld devices such as iPod touch or Nintendo DS and other games devices | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. | A computer tablet                          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | i. | Home games consoles such as X-box, Wii or PlayStation                            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. | A smartphone (with access to the internet) | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | j. | Other, please specify _____  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

**G3. [CARD G3] What does <child> MOSTLY do on that 'screen time' when using any of the devices mentioned? Is s/he usually:**

- Doing schoolwork/homework..... 1
- Playing educational games..... 2
- Playing other games..... 3
- Watching movies, videos, other TV..... 4
- Doing a mixture of all types of activities..... 5
- Something else (specify)..... 6
- Doesn't have any screen time..... 7
- Don't know..... 8

**G4. [CARD G4] When <child> is watching television or films, where does the programme content come from (tick all that apply)?**

- Regular scheduled programming..... 1
- Scheduled programming that has been recorded / Catch-up TV..... 2
- On-demand service such as Netflix..... 3
- Youtube or similar website..... 4
- Streamed programs..... 5
- DVDs..... 6
- Something else (specify)..... 7 \_\_\_\_\_
- <Child> doesn't watch TV or Films..... 8
- Don't know..... 9

**G5. [CARD G5] What sort of internet access does your home have? (tick all that apply)**

- No internet connection..... 1
- Broadband with wifi..... 2
- Broadband with plug in connection..... 3
- Mobile broadband or 'dongle' from a phone provider..... 4
- Other type of internet connection..... 5

**G6. Is <child> supervised by you or another adult when he/she accesses the internet?**

- Always..... 1      Sometimes..... 2      Never..... 3

**G7. Do you have any monitoring or control software on the internet to limit the sites <child> can access – e.g. Netnanny?**

- Yes..... 1      No..... 1

**G8. [CARD G8] Do you use any of the following strategies to restrict the content viewed or time spent by <child> on electronic devices? (tick all that apply)**

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

**G9. [Card G9] Does <child> have an online profile on a social media app or via a computer game they play online?**

- Social media profile 1      Computer game profile 2      Both 3      Neither 4      Not sure 5



## SECTION H. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

H1. [CARD H1] Looking at Card H1, has <child> ever experienced any of the following since we last interviewed you in [MM/YYYY]?:

[INTERVIEWER – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- Death of a parent.....1
- Death of close family member (please specify) .....2 \_\_\_\_\_
- Death of close friend.....3
- Divorce/separation of parents .....4
- Moving house .....5
- Moving country .....6
- Stay in foster home/ residential care .....7
- Serious illness/injury.....8
- Serious illness/injury of a family member .....9
- Drug taking/alcoholism in the immediate family .....10
- Mental disorder in immediate family.....11
- Conflict between parents.....12
- Parent in prison .....13
- Other disturbing event (please specify) .....14 \_\_\_\_\_
- None of the above .....15

H2. [CARD H2] Listed below is a set of statements which could be used to describe <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 <child>'s behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

- |  | Not<br>True                | Somewhat<br>True           | Certainly<br>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 |

## Section I – Parenting and Family Context

**I1. [Card I1] If you are currently working outside of the home, can I ask you the extent to which you agree or disagree with the following statements?**

[INTERVIEWER: IF RESPONDENT IS NOT CURRENTLY WORKING OUTSIDE OF THE HOUSE RECORD N/A]

|  | Strongly disagree          | Disagree                   | Neither agree nor disagree | Agree                      | Strongly agree             | N/A                        |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>Because of your work responsibilities:</b>  |                            |                            |                            |                            |                            |                            |
| a) You have missed out on home or family activities that you would have liked to have taken part in..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| b) Your family time is less enjoyable and more pressured.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| <b>Because of your family responsibilities:</b>  |                            |                            |                            |                            |                            |                            |
| c) You have to turn down work activities or opportunities that you would prefer to take on.....          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| d) The time you spend working is less enjoyable and more pressured.....                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

**I2. [CARD I2] Looking at Card I2, now, I'd like to ask you about the time <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) Talk about things together.....  | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c) 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 |

**I3. Does <child> have any brothers or sisters?**

[INTERVIEWER: INCLUDING HALF-SIBLINGS]

Yes..... 1      No..... 2

**I4. [CARD I4] In general, how well does <child> get on with his/her siblings?**

|   |                            |
|---|----------------------------|
| Gets on well with his/her siblings.....         | <input type="checkbox"/> 1 |
| Mixed.....                                      | <input type="checkbox"/> 2 |
| Does not get on well with his/her siblings..... | <input type="checkbox"/> 3 |
| Does not see them.....                          | <input type="checkbox"/> 4 |

**I5. Are you in regular contact with <child's> grandparents?**

[INTERVIEWER: CONTACT FACE-TO-FACE NOT VIA SKYPE, PHONE ETC.]

Yes..... 1      No..... 2      All grandparents are deceased ..... 3      All grandparents live abroad 4

**I6. How many of <child's> grandparents are still alive? \_\_\_\_\_ N**

**I7. How often would <child> see any of his/her grandparents?**

|  | 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            |
|--|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|  | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**I8. With how many of his/her grandparents would you say <child> has a close or very close relationship? \_\_\_\_\_ N**

**I9. [CARD I9] Looking at Card I9, how often does <child> get together with, see or spend time with the following people (excluding those living in your home)**

|                       |                                   |                            |                            |                              |                            |                            |                              |
|-----------------------|-----------------------------------|----------------------------|----------------------------|------------------------------|----------------------------|----------------------------|------------------------------|
|                       | Every day / 7<br>days per<br>week | 3 to 6<br>days per<br>week | 1 to 2<br>days per<br>week | 1 to 2<br>times per<br>month | Rarely or<br>never         | Deceased<br>/Don't<br>have | None<br>living in<br>Ireland |
| a. Uncles/Aunts ..... | <input type="checkbox"/> 1        | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4   | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7   |
| b. Cousins .....      | <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   |

**I10. [Card I10] Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?**

I get enough help 1 ..... I don't get enough help 2 ..... I don't get any help at all 3 ..... I don't need any help 4

**I11. Does <child> belong to any religious denomination** Yes..... 1 No..... 2

**I12. [CARD I12 / I15] 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

**I13. How regularly does <child> attend religious service?**

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

**I14. Do you belong to any religious denomination** Yes..... 1 No..... 2

**I15. [CARD I12/ I15] 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

**I16. How regularly do you attend religious service?**

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

**I17a. In general, would you describe yourself as a religious person?**

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

**I17b. In general, would you describe yourself as a spiritual person?**

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

## Section J – Child’s Education

**J0a. Is <child> currently attending primary school?**

Yes... 1                      No..... 2                      <child>. Is homeschooled..... 3                      Other ..... 4

**Now I'd like to ask you some questions on school details**

**J0b. What school is <child> currently attending? Please give the full name and address as exactly as possible**

Name of school: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 Address 3: \_\_\_\_\_  
 Address 4: \_\_\_\_\_  
 County: \_\_\_\_\_

**J0c. What class (or year) is <child> currently in?**

**[INTERVIEWER: IF INTERVIEW IS IN JULY/AUGUST PLEASE ENTER THE CLASS <CHILD> HAS JUST COMPLETED]**

First class..... 1                      Fourth class..... 4  
 Second class..... 2                      Other (please specify) ..... 5  
 Third class..... 3                      \_\_\_\_\_

**J1. [CARD J1] Looking at Card J1, what is the MAIN type of out-of-school care, if any, that you CURRENTLY use during term time for <child>. In other words, who is he/she with on a regular basis, outside of holiday periods and weekends**

**[INTERVIEWER: 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                 | Early morning care before school ..... <input type="checkbox"/> 11               |
| Unpaid relative (or family friend) in your own home ..... <input type="checkbox"/> 4 | Paid after-school care in group setting ..... <input type="checkbox"/> 12        |
| Unpaid relative (or family friend) in his/her own home .. <input type="checkbox"/> 5 | Homework club ..... <input type="checkbox"/> 13                                  |
| Paid relative (or family friend) in your own home..... <input type="checkbox"/> 6    | After-school activity-based facility ..... <input type="checkbox"/> 14           |
| Paid relative (or family friend) in his/her own home..... <input type="checkbox"/> 7 | Special needs facility ..... <input type="checkbox"/> 15                         |
| Paid childminder in your own home ..... <input type="checkbox"/> 8                   | Activity Camps (sport recreation arts/crafts etc) .. <input type="checkbox"/> 16 |
|  | Other (specify)..... <input type="checkbox"/> 17                                 |

**J2. Approximately how many hours per week does <child> spend in this main form of childcare**

\_\_\_\_\_ hours per week<sub>1</sub>

**J3. Approximately how many days per week does <child> spend in this main form of childcare**

\_\_\_\_\_ days per week<sub>1</sub>

**[INTERVIEWER. ASK IF NOT CODES 1-5 AT J1]:**

**J4. Approximately how much does this childcare for <child> typically cost you per week/fortnight/month etc.?**

**[INTERVIEWER. 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

**J5. Who usually minds <child> if he/she is too sick to attend school?**

**[INTERVIEWER: READ OUT ANSWER CATEGORIES]**

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

**J6. [CARD J6] Looking at Card J6, during an average week does <child> participate in any club, organisation or class outside of school hours. Does this activity have to be paid for?**

- Activity**
- a) **Team** sports (sports where <child> participates as part of a **team** e.g. football, rugby, hockey, etc.)
  - b) Individual sports (sports where <child> participates **individually** not as part of a team e.g. judo, running, swimming, etc.)
  - c) Drama
  - d) Arts/crafts
  - e) Computer/technology (eg. Coderdojo)
  - f) Youth clubs
  - g) Clubs/groups or classes associated with religious organisations
  - h) Music/Dance
  - i) Scouts/ Guides/ Boy's Brigade / Girl's Brigade
  - j) Homework club
  - k) Language classes
  - l) Other (specify)

| Participate in activity?   |                            | Pay for the activity?      |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Yes                        | No                         | Yes                        | No                         |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
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| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

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

Yes.....1                      No .....2                      Not applicable .....3

**J8. [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 .....1  
 1 to 3 days.....2                      11 to 20 days.....5  
 4 to 6 days.....3                      More than 20 days. ....6  
 7 to 10 days.....4                      Not in school last year .....7 Go to J10

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

Health reasons (illness or injuries) .....1                      A problem with the teacher .....6  
 Problems with transportation .....2                      A problem with children at school .....7  
 Problems with the weather.....3                      Difficulties with childcare arrangements.....8  
 A family vacation.....4                      Other (specify) .....9  
 A fear of school (school phobia) .....5

**J10. [CARD J10] Looking at Card J10, how often is <child> given homework?**

Never.....1 →Go to J13                      Once a week .....5  
 Less than once a month.....2                      A few times a week .....6  
 Once a month.....3                      Daily (Monday – Thursday) .....7  
 A few times a month .....4                      Don't Know .....8Go to J13

**J11. [CARD J11] Looking at Card J11, on days when <child> is given homework, how much time does he or she usually spend doing homework?**

0 to 15 minutes .....1                      1.5 to less than 2 hours.....5  
 16 to 30 minutes .....2                      2 to less than 3 hours.....6  
 31 minutes to less than one hour.....3                      3 to less than 4 hours.....7  
 1 to less than 1.5 hours.....4                      4 hours or more.....8

**J12. How often do you or your spouse/partner provide help with <child>'s homework?**

Always/                      Child rarely  
 Nearly Always                      Regularly                      Now and Again                      Rarely                      Never                      gets homework  
1 .....2.....3.....4.....5.....6

**J13. [CARD J13/14] Looking at Card J13/J14, based on your knowledge of <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.....1      Above average.....4  
 Below average.....2      Excellent.....5  
 Average.....3

**J14. [Card J13/14] Looking at Card J13/J14, based on your knowledge of <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? Do you think he/she is:**

Poor.....1      Above average.....4  
 Below average.....2      Excellent.....5  
 Average.....3

**J15. About how many children's books does <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

**J16. Do you use the Public Library for <child>?      Yes.....1      No.....2**

**J17a. Does <child>'s school request a voluntary contribution from parents?      Yes...1      No....2 Go to J18**

**J17b. Have you paid it in the last year?      Yes...1      No2 Go to J18**

**J17c. If yes, how much did you pay? € \_\_\_\_\_**

**J17d. How many children in total did this cover, including <child>? \_\_\_\_\_**

**J18. [CARD J18] Looking at Card J18, taking everything into account, how far do you expect <child> will go in his/her education or training?**

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

**J19. Have you put <child's> name down for a secondary school yet?      Yes.....1      No.....2**

**J20. How many schools? \_\_\_\_\_**

## Section K – Peer relationships and bullying

**K1. About how many days a week does <child> do things with friends outside of school hours?**

Never... <sub>1</sub> 1 day a week ....<sub>2</sub> 2-3 days a week ..<sub>3</sub> 4-5 days a week .. <sub>4</sub> 6-7 days a week ..<sub>5</sub>

**K2. About how many close friends does <child> have?**

None..... <sub>1</sub> 1 .....<sub>2</sub> 2 or 3.....<sub>3</sub> 4 or 5 ..... <sub>4</sub> 6 or more .....<sub>5</sub>

**K3. To your knowledge, has <child> been a victim of bullying in the last year?**

Yes .....<sub>1</sub> No .....<sub>2</sub>

**K4. [Card K4] Looking at Card K4, what form did the bullying take?**

[INTERVIEWER TICK ALL THAT APPLY]

Physical bullying .....<sub>1</sub> Written messages/notes etc.....<sub>4</sub>  
 Verbal bullying.....<sub>2</sub> Exclusion.....<sub>5</sub>  
 Electronic [phone messaging, emails,facebook etc].....<sub>3</sub> Other (specify).....<sub>6</sub>

**K5. [CARD K5] Looking at Card K5, what was the reason for the bullying?**

[INTERVIEWER: TICK MORE THAN ONE IF APPLICABLE]

Ethnicity.....<sub>1</sub> Not conforming to gender role.....<sub>6</sub>  
 Physical/Learning disability.....<sub>2</sub> Sexuality .....<sub>7</sub>  
 Religion .....<sub>3</sub> Teacher's pet .....<sub>8</sub>  
 Class performance.....<sub>4</sub> Family background .....<sub>9</sub>  
 Physical appearance (clothes, glasses, weight etc)..<sub>5</sub> Other (specify).....<sub>10</sub>

## Section L: Socio-demographics

**L1. I would now like to ask you some questions about your accommodation: Is this accommodation a:**

[INTERVIEWER: READ OUT ANSWER CATEGORIES]

House.....<sub>1</sub>  
 Apartment / flat/ bedsit .....<sub>2</sub>  
 Duplex .....<sub>3</sub>  
 Other (specify).....<sub>4</sub>

**L2. Does your accommodation have access to a garden or common space (either private or shared) where you can let <child> out to play?**

Yes .....<sub>1</sub> No .....<sub>2</sub>

**L4. [Card L4] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?**

[INTERVIEWER: NOTE THAT WHERE THE PCG LIVES WITH <CHILD>'S GRANDPARENT(S) IN THEIR HOUSE, OCCUPANCY SHOULD BE RECORDED AS 'LIVING WITH PARENTS' RATHER THAN OWNER OCCUPIER, I.E. THE PCG'S NATURE OF OCCUPANCY RATHER THAN THE GRANDPARENTS]

Owner occupied (with a mortgage) .....<sub>1</sub>  
 Owner occupied (without a mortgage) .....<sub>2</sub>  
 Being purchased from a Local Authority under a Tenant Purchase Scheme .....<sub>3</sub>  
 Rented from a Local Authority .....<sub>4</sub>  
 Rented from a Voluntary Body .....<sub>5</sub>  
 Rented from a Private Landlord.....<sub>6</sub>  
 Living with and paying rent to your (or your partner's) parent(s).....<sub>7</sub>  
 Occupied free of rent with your (or your partner's) parent(s) .....<sub>8</sub>  
 Occupied free of rent from your (or your partner's) job .....<sub>9</sub>  
 Emergency accommodation .....<sub>10</sub>

**L5. How many bedrooms do you have in your home? \_\_\_\_\_ number of bedrooms**  
**[INTERVIEWER IF A STUDIO APARTMENT RECORD AS ZERO BEDROOMS]**

**L6. Do you feel that your current accommodation (excluding location) is suitable for your family's needs?**

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

**L7. [CARD L7] Why is that?**

- |   | Yes                        | No                         |
|---|----------------------------|----------------------------|
| a. Too small.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Not a child-friendly layout.....                           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Poor conditions in the home (damp, drafts, leaks etc)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Other (specify) _____                                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**L8. [Card L8] Which of these descriptions BEST describes your usual situation in regard to work?**

**[INTERVIEWER: IF RESPONDENT IS ON MATERNITY LEAVE AND SHE HAS A JOB WHICH SHE INTENDS TO RETURN TO, SHE SHOULD BE CODED AS 0]**

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

**L9. 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

**L10. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?**

\_\_\_\_\_ minutes

**[INTERVIEWER. IF RESPONDENT WORKS AT HOME ENTER '0' FOR MINUTES]**

**L11. [CARD L11] How often does your work involve...READ OUT...**

- |   | Never                      | Less than once a month     | Once a month               | Several times a month      | Once a week                | Several times a week       | Every day                  | Don't know                 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>a</b> ...working evenings or nights – after usual office hours | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| <b>b</b> ...having to work overtime at short notice?              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

**L12. [CARD L12] How often does your work involve working at weekends?**

- | Never                      | Less than once a month     | Once a month               | Several times a month      | Every week                 | (Don't know)               |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

**L13. When did you start your current job? \_\_\_\_\_ year \_\_\_\_\_ month**



**L14. [CARD L14] What is your occupation in your main job?**

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

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

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.  
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your main OCCUPATION \_\_\_\_\_

**L15. In general, how would you rate your employer in terms of allowing 'family friendly' working?**

Very good..... 1

Fairly good ..... 2

Neither good nor poor ..... 3

Fairly poor ..... 4

Very poor..... 5

[INTERVIEWER: ASK L16 IF CODE 0 OR 1 AT L8]

**L16. Do you supervise or manage any personnel in your job?**

Yes ..... 1      No ..... 2

L17. How many? \_\_\_\_\_

[INTERVIEWER: ASK L18 IF CODE 2 OR 3 AT L8]

**L18. How many employees (if any) do you have? \_\_\_\_\_ employees → Go to L33**

[INTERVIEWER: ASK L19 IF CODE 3 AT L8]

**L19. How many acres do you farm? \_\_\_\_\_ acres \_\_\_\_\_ hectares → Go to L33**

**L20. Apart from holiday or casual work, have you ever had a full-time job? Yes ... 1 No .. 2 Go to L28**

**L21. In what year did you last work in that full-time job? \_\_\_\_\_ year**

**L22. 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

**L23. Did you supervise or manage any personnel in your job?**

Yes ..... 1      No ..... 2

L24. How many? \_\_\_\_\_

**L25. How many employees (if any) did you have? \_\_\_\_\_ employees**

**L26. How many acres did you farm? \_\_\_\_\_ acres \_\_\_\_\_ hectares**

**L27. [CARD L27/30] What (was) your occupation in your main job?**

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

Use precise terms such as:  
RETAIL STORE MANAGER

Do not use general terms such as:  
MANAGER

SECONDARY TEACHER  
ELECTRICAL ENGINEER

TEACHER  
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.  
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your main OCCUPATION \_\_\_\_\_

L28. Do you currently have a part-time job outside the home? Yes ..... <sub>1</sub> No..... <sub>2</sub> Go to L32

L29. On average, how many hours per week do you work in that part-time job? \_\_\_\_\_ hours

L30. [CARD L27/30] What is your occupation in that part-time job?

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

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

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.  
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your OCCUPATION \_\_\_\_\_

L31. If a farmer or a farm worker, write in the SIZE of the farm \_\_\_\_\_ acres \_\_\_\_\_ hectares Go to L33

L32. [CARD L32] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

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

L33. How would you best describe your spouse/partner in terms of their work status?

|                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| An<br>employee                        | Self-<br>employed                     | Not<br>employed                       | Other                                 |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

L34. [CARD L34] What is your spouse/partner's occupation?

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

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

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.  
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in main OCCUPATION (If a farmer or a farm worker, please specify how many acres)

\_\_\_\_\_

L35. I'd like you to think back over the last 4 years – the last 48 months. In approximately how many of those months would you say you were mainly engaged in paid work outside the home (ignore holidays and so on)

Paid work outside the home ..... \_\_\_\_\_ months

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

**L36. [CARD L36] Looking at the card, 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. [INTERVIEWER. TICK 'YES' OR 'NO' FOR EACH IN COL. A]**

**L37. And of these sources of income which is the largest source of income at present? [INTERVIEWER TICK ONE BOX ONLY IN COL. B]**

|   | <u>A</u>                   |                            | <u>B</u>                   |
|---|----------------------------|----------------------------|----------------------------|
|   | <u>Receive?</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. Student Maintenance Grants .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g. 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 |

**L38. 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 as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all household members.**

**[INTERVIEWER: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO L43. IF EXACT FIGURE GIVEN GO TO L45]**

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

**L39. [Card L39] I know that it is difficult to give an exact figure for household income but 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, the income levy and public sector pension levy [if applicable]. Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after these deductions have been applied.**

**[INTERVIEWER: TICK THE LETTER OF THE GROUP YOUR HOUSEHOLD FALLS INTO]**

**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"/> → Section A |
| €231 to under €350 .....     | €1,001 to under €1,500 .....                | €12,001 to under €18,000 ... | B <input type="checkbox"/> → Section B |
| €351 to under €460 .....     | €1,501 to under €2,000 .....                | €18,001 to under €24,000 ... | C <input type="checkbox"/> → Section C |
| €461 to under €575 .....     | €2,001 to under €2,500 .....                | €24,001 to under €30,000 ... | D <input type="checkbox"/> → Section D |
| €576 to under €800 .....     | €2,501 to under €3,500 .....                | €30,001 to under €42,000 ... | E <input type="checkbox"/> → Section E |
| €801 to under €925 .....     | €3,501 to under €4,000 .....                | €42,001 to under €48,000 ... | F <input type="checkbox"/> → Section F |
| €926 to under €1,150 .....   | €4,001 to under €5,000 .....                | €48,001 to under €60,000 ... | G <input type="checkbox"/> → Section G |
| €1,151 to under €1,500 ..... | €5,001 to under €6,500 .....                | €60,001 to under €78,000 ... | H <input type="checkbox"/> → Section H |
| €1,501 to under €1,850 ..... | €6,501 to under €8,000 .....                | €78,001 to under €96,000 ... | I <input type="checkbox"/> → Section I |
| €1,851 or more .....         | €8,001 or more .....                        | €96,001 or more .....        | J <input type="checkbox"/> → Section J |
| Refused.....                 | <input type="checkbox"/> 77 GO TO L41 ..... | Don't Know .....             | <input type="checkbox"/> 88 GO TO L40  |

**L40. [CARD L40] Would that be**

**[INTERVIEWER: SHOW CARD AND TICK 1, 2 OR 3 IN APPROPRIATE SECTION UNDER PER WK; PER MTH OR PER YR]**

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

**L41. Does anyone in your household currently receive any Social Welfare payments, other than child benefit?**

Yes .....<sub>1</sub>                      No.....<sub>2</sub>

**L42. [CARD L42] Looking at Card L42 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?**

**[INTERVIEWER: NOTE THAT THE CHILD BENEFIT RATE IS €140 PER MONTH]**

None            Less than            5% to less            20% to less            50% to less            75% to less            100%

<sub>1</sub>            <sub>2</sub>            <sub>3</sub>            <sub>4</sub>            <sub>5</sub>            <sub>6</sub>            <sub>7</sub>

**L43. [CARD L43] 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"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| b. Does your household have a roast joint (or its equivalent) at least once a week? .....                             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| c. Do household members buy new rather than second-hand clothes? .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| d. Does each household member possess a warm waterproof coat? .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| e. Does each household member possess two pairs of strong shoes? .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| f. Does the household replace any worn out furniture? .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| g. Does the household keep the home adequately warm? .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| h. Does the household have family or friends for a drink or meal once a month? .....                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| i. Does the household buy presents for family or friends at least once a year? .....                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

**L44. [CARD L44] 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? Would you say...**

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

**L45. 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

**L46. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?**

Yes ..... 1    No ..... 2

**L47. [CARD L47] Why was that?**

Didn't want to ..... 1    Couldn't leave the children ..... 4  
 Have a full social life in other ways ..... 2    Illness ..... 5  
 Couldn't afford to ..... 3    Other (specify) ..... 6

**L48. Does your family have a car?**

Yes ..... 1    No ..... 2

**L49. Would your family like to have a car but you cannot afford it?**

Yes ..... 1    No ..... 2

**L50. In the last 12 months, was the family unable to pay rent or make mortgage repayments for the main dwelling on time, due to financial difficulties:**

Yes ..... 1    No ..... 2

**L51. Compared to when we last interviewed you in [MM/YYYY], how would you say the overall financial situation of your family has changed? Would you say you are**

[INTERVIEWER: READ OUT]

Much better off now    Somewhat better off now    No change off now    Somewhat worse off now    Much worse off now  
1    2    3    4    5

**L52. Why is that?** \_\_\_\_\_

**L53. [CARD L53] Thinking back to when you were 16 years old, 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  
1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

**L54. When you were 16 was your mother alive** ..... Yes .. 1    No .... 2

**L55. When you were 16 was your father alive** ..... Yes .. 1    No .... 2

## Section M – About You

**M1a. [Forward feed of parental education from last interview]**

When we last interviewed you in [MM/YYYY] we recorded that the highest level of education (full-time or part-time) which you had completed was <level of education from last interview>.

**M1b. Is this still the highest level of education you have completed to date?**

Yes ..... <sub>1</sub>    No, wrongly recorded last time ..... <sub>2</sub>    No, changed since last time..... <sub>3</sub>

**M1. [CARD M1] What is the highest level of education (full-time or part-time) which you have completed to date?**

[INTERVIEWER: HIGHEST LEVEL ATTAINED (SUCCEEDED IN ACHIEVING)]

No formal education ..... <sub>1</sub>

Primary education ..... <sub>2</sub>

**Second Level**

Lower Secondary ..... <sub>3</sub>

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

Upper Secondary ..... <sub>4</sub>

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

Technical or Vocational qualification ..... <sub>5</sub>

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

**Third Level**

National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma ..... <sub>6</sub>

(Non Degree)

Primary Degree ..... <sub>7</sub>

(Third Level Bachelor Degree)

Professional qualification of Degree status at least (e.g. Chartered Accountant/Surveyor) ..... <sub>8</sub>

Both a Degree and a Professional qualification ..... <sub>9</sub>

Postgraduate Certificate or Diploma ..... <sub>10</sub>

Postgraduate Degree (Masters) ..... <sub>11</sub>

Doctorate (Ph.D) ..... <sub>12</sub>

[INTERVIEWER: ASK M2 ONLY IF M1 IS CODE 3 OR HIGHER]

**M2. In what year did you get this qualification? \_\_\_\_\_**

[INTERVIEWER: ASK M3 ONLY IF M1 IS CODE 5 OR HIGHER]

**M3. What is the name of this qualification?**

[INTERVIEWER: PLEASE RECORD AS MUCH DETAIL AS POSSIBLE]

[INTERVIEWER: ASK M4 ONLY IF M1 IS CODE 5]

**M4. Did you complete your Upper Secondary education (Leaving Certificate/'A'Levels or equivalent) before gaining this qualification?**

Yes ..... <sub>1</sub>    No ..... <sub>2</sub>

**M5. What is <child's> first language?**

English ..... <sub>1</sub>    Irish..... <sub>2</sub>    Other (please specify) \_\_\_\_\_ <sub>3</sub>

**M6. What language is usually spoken to <child> in the home?**

English ..... <sub>1</sub>    Irish ..... <sub>2</sub>    Other (please specify) \_\_\_\_\_ <sub>3</sub>

[BLAISE CONDITION: ASK M7 – M9 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT PREVIOUS WAVE, NON-RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

**M7. 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 your native language?**

Yes ..... <sub>1</sub>    No..... <sub>2</sub>

**M8. Can I just check, can you read aloud to a child from a children's story book written in English?**

Yes ..... <sub>1</sub>    No..... <sub>2</sub>

**M9. Can you usually read and fill out forms you might have to deal with in English?**

Yes ..... 1

No..... 2

[BLAISE CONDITION: ASK M10 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT PREVIOUS WAVE, NON-RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

**M10. 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

**M11. Are you a citizen of Ireland?**

Yes..... 1

No ..... 2

**M12. What citizenship do you hold?** \_\_\_\_\_

[ASK M13 – M15 IF NON RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

**M13. Were you born in Ireland?**

Yes..... 1

No ..... 2

**M14. In which country were you born?** \_\_\_\_\_

**M15. In what year did you first come to live in Ireland?** \_\_\_\_\_ year

**M16. And what about <child>. Is he / she a citizen of Ireland?** Yes 1..... No 2..... DK 3

**M17. What citizenship does he / she hold?** \_\_\_\_\_ Don't know 3

**M18. [CARD M18] Looking at card M18, can you tell me, what is your ethnic or cultural background?**

White

Irish..... 1

Irish Traveller ..... 2

Any other White background ..... 3

Black or Black Irish

African..... 4

Any other Black background..... 5

Asian or Asian Irish

Chinese ..... 6

Any other Asian background ..... 7

Other, including mixed background..... 8

## **Section N. Neighbourhood / Community**

**N1. How long have you lived in your local area?** \_\_\_\_\_ years \_\_\_\_\_ months

**N2. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?**

Yes ..... 1

No ..... 2

**N3. [CARD N3] 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<br>common             | Fairly<br>common           | Not very<br>common         | Not at all<br>common       |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Rubbish and litter lying about .....              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. Homes and gardens in bad condition .....          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. Vandalism and deliberate damage to property ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. People being drunk or taking drugs in public..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**N4. To what extent do you agree or disagree with these statements about your local area?**

|   | Strongly<br>Agree          | Agree                      | Disagree                   | Strongly<br>Disagree       |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. 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 |
| b. 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 |
| c. 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 |
| d. There is heavy traffic on my street or road .....                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e. People around here are willing to help their neighbours.....             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| f. Most people in your neighbourhood can be trusted.....                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| g. You feel a strong sense of identity with your neighbourhood .....        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**N5. 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                         |
| a. Regular public transport .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | f. Social Welfare Office .....                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. GP or health clinic.....         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | g. Banking/ Credit Union .....                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Schools (primary or secondary).. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | h. Garda station .....                               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Library .....                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | i. Essential grocery shopping .....                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Post Office.....                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | j. Recreational facilities appropriate to a 9-yr old | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**N6. Do you have any family living in this area? Yes 1 No 2**

**N7. How do you feel about your neighbourhood as a place for bringing up children?**

| Excellent                  | Good                       | Average                    | Poor                       | Very poor                  | Don't know                 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

**N8. [CARD N8] 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 |