

## GROWING UP IN IRELAND – the national longitudinal study of children

### STRICTLY CONFIDENTIAL

#### PRIMARY CAREGIVER QUESTIONNAIRE – 13-year

AREA

HOUSEHOLD

Interviewer Name \_\_\_\_\_

Interviewer Number

Date \_\_\_\_\_  
Day month year

Almost four years have passed since you and your family were interviewed as part of *Growing Up in Ireland*. At that time we explained that we would like to make a return visit to your home for a follow-up interview to see how your child has changed and grown since our last visit. We are now seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 1½ - 2 hours to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Department of Children and Youth Affairs, in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study

### Section A – Household Composition

A1a. [INTERVIEWER: I'd like to begin by speaking to <primary caregiver at time 1>. Is <primary caregiver at time 1> still resident in the household?

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

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



Go to A7a

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

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

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

A1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at time 1] people lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.

**A2. \*\*\*The name, sex, date of birth, and relationship of each person to the <primary respondent at time 1> and <child> will be checked and edited where necessary and their residency in the household at time 2 confirmed.\*\*\***

No.	First name	Sex		Date of Birth	Age If DOB not available	Still resident?		Relationship of each member to PCG and child.	(E) Show Card A2F							
									Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other	
																<b>R'SHIP TO:</b> <b>CARD A2E1</b> Mother
		M	F			Y	N									
1		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___		<input type="checkbox"/> 1	<input type="checkbox"/> 2	////								
2		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___		<input type="checkbox"/> 1	<input type="checkbox"/> 2	////								
3		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
4		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
5		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
6		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
7		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
8		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	

Interviewer: Primary Caregiver should be on line 1. Child should be on line 2. Secondary Caregiver on line 3 (if relevant).

**[BLAISE CONDITION: IF ANY PERSON RESIDENT AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2: 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 TIME 1 - ADD THEM TO THE NEW GRID BELOW]

**A3. Has anyone else joined the household since we last spoke and is currently living with you?**

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

No	First Name	Sex		Date of Birth	Age If DOB not available	Relationship of each member to PCG and child		Since when have they been living with you		Resident	Show Card A2F											
											Mother (Card A2E1)	Child (Card A2E2)	Month	Year	Y/N	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
		M	F																			
21		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7					
22		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7					
23		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7					
24		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7					
25		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7					
		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7					
		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7					

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

**[ASK ONLY IF <TIME 1 PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT TIME 2.**

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

Yes ..... 1 Go to A9a No ..... 2

**A6a. Why is that?** -----  
-----

**IF PRIMARY CAREGIVER FROM TIME 1 HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:**

**A6b. You mentioned that <spouse/partner> [identified at A2 above] lives here with you as part of the household. This means that we should interview him/her as the primary caregiver of <child> on this occasion. Is that correct?**

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

**Go to A9a**

**IF PRIMARY CAREGIVER AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK A7a – A9.**

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

Yes ..... 1 No ..... 2 → [INT: 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 ..... 1 Grand parent ..... 5
- Adoptive mother/ father ..... 2 Aunt/uncle ..... 6
- Step-mother / Step-father / Partner of child's parent .... 3 Other relative/ in law ..... 7
- Foster mother / father ..... 4 Unrelated guardian ..... 8

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

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

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

No.	First name/ Initial	Sex M F	Date of Birth	Age If DOB not available	Was this Person Resident at time 1?		Relationship of each member to mother and child.		(E) Show Card A2F						
					Y	N	<u>R'SHIP TO:</u> CARD A2E1 Mother	<u>R'SHIP TO:</u> CARD A2E2 Child	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
51		<input type="checkbox"/> 1 <input type="checkbox"/> 2	_____		<input type="checkbox"/> 1	<input type="checkbox"/> 2	////		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
52		<input type="checkbox"/> 1 <input type="checkbox"/> 2	_____		<input type="checkbox"/> 1	<input type="checkbox"/> 2	////		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
53		<input type="checkbox"/> 1 <input type="checkbox"/> 2	_____		<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
54		<input type="checkbox"/> 1 <input type="checkbox"/> 2	_____		<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
55		<input type="checkbox"/> 1 <input type="checkbox"/> 2	_____		<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

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

Born into the household ..... 1  
Joined for another reason (specify) \_\_\_\_\_ 2

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

**Go to A9a**

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

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

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

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

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

1.	Male	Female	Date of Birth	Relationship to <child>
	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	___ / ___ / _____	SHOW CARD A9c
2.	Male	Female	Date of Birth	Relationship to <child>
	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	___ / ___ / _____	SHOW CARD A9c
3.	Male	Female	Date of Birth	Relationship to <child>
	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	___ / ___ / _____	SHOW CARD A9c

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

## B. CHILD'S HEALTH

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

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>

**B2. Does <child> have any on-going chronic physical or mental health problem, illness or disability?**

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

**B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.**

[Int: Please record diagnosis, not symptoms of the problem]

\_\_\_\_\_  
\_\_\_\_\_

**B4. Has this problem, illness or disability been diagnosed by a medical professional?**

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

**B5. Since when has <child> had this problem, illness or disability? \_\_\_\_\_(mth) \_\_\_\_\_(year)**

**B6. Is <child> hampered in his/her daily activities by this problem, illness or disability?**

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

**B7. In the past year 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>

**B8. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? \_\_\_\_\_ N**

**B9. Has <child> been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) over the last 12 months?**

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

**B10a. Has <child> received a course of antibiotics in the past 12 months?**

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

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

**B10b. In total, how many courses of antibiotics has <child> received in the past 12 months?**

\_\_\_\_\_ N

**B11. Most children have accidents at some time. In the last 12 months has <child> had an accident or injury that required hospital treatment or admission?**

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

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

**B12. How many separate accidents has <child> ever had that required hospital treatment or admission?**  
\_\_\_\_\_ accidents

**B13. How many of these accidents involved bone fractures or breaks?** \_\_\_\_\_

**B14. About how many nights has <child> spent in hospital over his/her lifetime? (Exclude at time of birth)**

[INTERVIEWER: IF NONE, ENTER '0' – DO NOT LEAVE BLANK] \_\_\_\_\_ nights

**B15. In the last 12 months how many visits has <child> made to the A&E (Accident and Emergency) department of a hospital?** [INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] \_\_\_\_\_ visits

**B16. [Card B16] In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the <child's> physical, emotional or mental health?** [Int. if 'none' write '0' do not leave blank]

N times    Don't know    Refused

- |  |       |                                       |                                       |
|--|-------|---------------------------------------|---------------------------------------|
| A. A general practitioner (GP).....                                    | _____ | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| B. A practice nurse.....   | _____ | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| C. Another medical doctor e.g. in a hospital .....                     | _____ | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| D. Other professional, psychologist, psychiatrist, counsellor etc..... | _____ | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| E. A social worker .....   | _____ | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

**B17. Was there any time during the past 12 months when <child> really needed to consult a GP or specialist but did not?**

Yes, there was at least one occasion ..... <sub>1</sub>

No, there was no such occasion ..... <sub>2</sub>

**B18. [Card B18] What was the main reason for not consulting a GP or specialist?**

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

**B19. [Card B19] Which of the following best describes how regularly <child> visits the dentist?**

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

**B20. Has <child> ever had:**

- |   |                                       |                                       |
|---|---------------------------------------|---------------------------------------|
|   | <b>Yes</b>                            | <b>No</b>                             |
| (a) Any permanent / secondary teeth filled? ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| (b) Any permanent / secondary teeth pulled? ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

**B21. Was there any time during the past 12 months when <child> really needed to consult a dentist but did not?**

Yes, there was at least one occasion ..... <sub>1</sub> No, there was no such occasion ..... <sub>2</sub>

**B22. [Card B22] What was the main reason for not consulting the dentist?**

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

**B23. Does <child> usually have breakfast at home before going to school?**

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

**B24. [Card B24] Which of these best describes <child's> weight?**

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

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

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

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

**B26. [Card B26] How does <child> usually go to school?**

- 1. He/she walks ..... <sub>1</sub>
- 2. By public transport ..... <sub>2</sub>
- 3. School bus/coach ..... <sub>3</sub>
- 4. By car ..... <sub>4</sub>
- 5. Rides a bicycle ..... <sub>5</sub>
- 6. Other (please describe) ..... <sub>6</sub>
- 7. Not applicable ..... <sub>7</sub>

### C. RESPONDENT'S HEALTH

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

**C1. [Card C1] In general, how would you say your current health is?**

- Excellent ..... <sub>1</sub>
- Very Good ..... <sub>2</sub>
- Good ..... <sub>3</sub>
- Fair ..... <sub>4</sub>
- Poor ..... <sub>5</sub>

**C2. Do you have any on-going chronic physical or mental health problem, illness or disability?**

Yes ..... \_1

No ..... \_2

**C3. What is the nature of this problem, illness or disability? Please describe as fully as possible.**

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

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**C4. Since when have you had this problem, illness or disability? \_\_\_\_\_(mth) \_\_\_\_\_(year)**

**C5. Are you hampered in your daily activities by this problem, illness or disability?**

Yes, severely ..... \_1    Yes, to some extent ..... \_2    No ..... \_3

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

Yes, in the past ..... \_1    Yes, currently ..... \_2    No ..... \_3

**C7. Thinking about your free-time, in general would you say you are...[INT:READ OUT]**

- Very physically active ..... \_1
- Fairly physically active ..... \_2
- Not very physically active ..... \_3
- Not at all physically active ..... \_4

**C8. [Card C8] Do you think that you are:**

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

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

**C9. [Card C9] How often do you try to lose weight through dieting? Would you say...[INT:READ OUT]**

Very often ..... \_1    Often ..... \_2    Sometimes ..... \_3    Rarely ..... \_4    Never ..... \_5

**C10. Is <child> covered by a medical card?**

Yes, full card ..... \_1    Yes, doctor only card ..... \_2    Not covered ..... \_3

**C11. Is <child> covered by private medical insurance?**

Yes ..... \_1    No ..... \_2

**C12. Does that insurance include the cost of GP visits?**

Yes, in full ..... \_1    Yes, partially ..... \_2    No ..... \_3

## D. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

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

**D1. [Card D1] Looking at Card D1, has <child> experienced any of the following since we last interviewed you when he/ she was nine:**

[INT: ASK THE RESPONDENT TO USE CODES A-P AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

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

**D2. [Card D2] Listed on Card D2, 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 |



**D3. [Card D3] Listed on card D3 are a number of personality traits that may or may not apply to your child. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to him/her, even if one characteristic applies more strongly than the other.**

**I see my child as:**

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

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

### E. CHILD'S EDUCATION – PAST AND CURRENT

**E1a. What class did / will <child> start in September 2011?**

5<sup>th</sup> Class ..... 1 Go to E1b  
 6<sup>th</sup> Class ..... 2 Go to E1b  
 First Year..... 3 Go to E1b  
 Second Year ..... 4 Go to E1b  
 Child is being home schooled..... 5 Go to E7  
 Child attends a special school ..... 6 Go to E1b  
 Child no longer attends school ..... 7 Go to E10

**E1b. What school does <child> attend / will attend from September 2011?**

**Name of school:** \_\_\_\_\_

**Full address of school:** \_\_\_\_\_

**E1c. In what year did <child> start primary school? September 20\_\_ \_**

**E1d. [Card E1d] How would you describe <child's> current base class – the one they will be in from September 2011? (Tick one box)**

Special class ..... 1  
 Class which is mixed ability / randomly allocated..... 2  
 Higher stream class in streamed school..... 3  
 Middle stream class in streamed school..... 4  
 Lower stream class in streamed school..... 5  
 Not sure / don't know ..... 6

**[ONLY ASK IF CHILD IS IN 2<sup>nd</sup> YEAR AT E1a, THEN GO TO E5]**

**E2. [Card E2] Here are some views about how your child settled into their new school. There are no right or wrong answers. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My child settled well into secondary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child missed old friends from primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child was anxious about making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child coped well with the school work.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child made new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is involved in extra-curricular activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child gets too much homework at this school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**[ONLY ASK IF CHILD IS IN 1<sup>st</sup> YEAR AT E1a, THEN GO TO E4b]**

**E3. [Card E3] Here are some views about how your child is settling into their new school. There are no right or wrong answers. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My child is settling in well into secondary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child misses old friends from primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is anxious about making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is coping well with the school work.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child has made new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is involved in extra-curricular activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child gets too much homework at this school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**[ONLY ASK IF CHILD IS IN 5<sup>th</sup> / 6<sup>th</sup> CLASS AT E1a, THEN GO TO E5]**

**E4a. [Card E4a] If your child is still in fifth / sixth class for each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My child is excited about starting secondary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is looking forward to making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is nervous about moving to a new school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**E4b. Has <child> attended an Open Day at his/her new school Yes.....1 No ..... 2**

**E5. [Card E5] Over the last 12 months, have you had any contact with the school? (Please include contact you have had with the child's current school or any other school the child attended in the last 12 months) [Please tick 'Yes' or 'No' to each.]**

	Yes	No
A. You have attended a parent-teacher meeting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. You have attended a school concert, play or other event (such as sports day) ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. You have <u>been to see</u> the principal or another teacher about child's behaviour or school performance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. You have spoken to the principal or another teacher <u>on the phone</u> about child's behaviour or school performance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**E6a. [Card E6a] Looking at Card E6a, during the last 12 months, about how many days was <child> absent from school for any reason? (Only include days the child was absent when the school was open e.g. do not include days missed because of the school being closed due to bad weather).**

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

**E6b. [Card E6b] Looking at Card E6b, what was the main reason for <child> being absent from school?**

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

**E7. [Card E7] Looking at Card E7, how much time does <child> usually spend doing homework on a weekday during term time?**

0 to 30 minutes.....	<input type="checkbox"/> 1	2 to less than 3 hours.....	<input type="checkbox"/> 5
31 minutes to less than one hour.....	<input type="checkbox"/> 2	3 to less than 4 hours.....	<input type="checkbox"/> 6
1 to less than 1.5 hours.....	<input type="checkbox"/> 3	4 hours or more.....	<input type="checkbox"/> 7
1.5 to less than 2 hours.....	<input type="checkbox"/> 4	Doesn't get homework.....	<input type="checkbox"/> 8 Go to E9

**E8a. How often do you or your spouse/partner provide help with <child>'s homework? Would you say...[INT: READ OUT]**

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

**E8b. Why is that?**

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

**E9. [Card E9] Looking at Card E9, taking everything into account, how far do you expect <child> will go in his/her education or training?**

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

**E10. About how many close friends does <child> have?**

None.....	<input type="checkbox"/> 1	1 .....	<input type="checkbox"/> 2	2 or 3 .....	<input type="checkbox"/> 3	4 or 5 .....	<input type="checkbox"/> 4	6 or more .....	<input type="checkbox"/> 5
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**E11. To your knowledge, has <child> been a victim of bullying in the last 3 months?**

Yes.....	<input type="checkbox"/> 1	No.....	<input type="checkbox"/> 2
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**E12. [Card E12] Looking at Card E12, what form did the bullying take? [Int. tick all that apply]**

A. Physical bullying .....	<input type="checkbox"/> 1	F. Sexual comments .....	<input type="checkbox"/> 6
B. Verbal bullying (name calling, hurtful slagging).....	<input type="checkbox"/> 2	G. Exclusion (being left out).....	<input type="checkbox"/> 7
C. Electronic (phone messaging, emails, Facebook, etc) ...	<input type="checkbox"/> 3	H. Gossip, spreading rumours.....	<input type="checkbox"/> 8
D. Graffiti/pinning up notes/passing notes in class.....	<input type="checkbox"/> 4	I. Threatened or forced to do things s/he didn't want to	<input type="checkbox"/> 9
E. Taking /damaging personal possessions .....	<input type="checkbox"/> 5	J. Other (specify).....	<input type="checkbox"/> 10

**E13. [Card E13] How often did the bullying take place?**

A. Once or twice.....	<input type="checkbox"/> 1
B. 2 or 3 times a month .....	<input type="checkbox"/> 2
C. About once a week.....	<input type="checkbox"/> 3
D. Several times a week .....	<input type="checkbox"/> 4

**E14. Did this upset your child?**

A. A lot.....	<input type="checkbox"/> 1
B. A little .....	<input type="checkbox"/> 2
C. Not at all .....	<input type="checkbox"/> 3

**E15. [Card E15] Does <child> have any of the following conditions or disabilities? [Tick all that apply]**

a. Physical disability or visual or hearing impairment .....	<input type="checkbox"/> 1
b. Specific learning disability (e.g. Dyslexia, Dyscalculia, Dyspraxia) .....	<input type="checkbox"/> 2
c. General learning disabilities (Mild, Moderate, Severe/Profound) .....	<input type="checkbox"/> 3
d. Autism Spectrum Disorders (e.g. Autism, Aspergers syndrome) .....	<input type="checkbox"/> 4
e. Emotional or behavioural disorders (e.g. ADHD (Attention Deficit Hyperactivity Disorder)/ ADD).....	<input type="checkbox"/> 5
f. Mental health difficulty .....	<input type="checkbox"/> 6
g. Speech or language difficulty (including speech impediment) .....	<input type="checkbox"/> 7
h. Assessed Syndrome (e.g. Down Syndrome, Tourettes Syndrome) .....	<input type="checkbox"/> 8
i. Slow progress (reasons unclear) .....	<input type="checkbox"/> 9
j. Other (please specify) .....	<input type="checkbox"/> 10
k. None of the above .....	<input type="checkbox"/> 11

**Go to E24**

**E16. Has this condition or disability been diagnosed by a medical professional?**

Yes ..... <sub>1</sub>      No ..... <sub>2</sub>      Awaiting Consultation ..... <sub>3</sub>

**E17. What age was <child> when this condition or disability was first diagnosed? \_\_\_\_\_ years**

[INT: If condition or disability was diagnosed at time of birth, code as '0']

**Ask E18 only of respondents who ticked yes at E15e**

**E18. Has <child> been prescribed any medication for this condition (e.g. Ritalin, Abilify etc...)?**

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

**Ask E19 only of respondents who ticked yes at E15f**

**E19. Has <child> been prescribed any medication for this condition?**

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

**Ask E20 only of respondents who ticked yes at E15G**

**E20. [Card E20] In which areas does <child> have difficulties? What speech problems does <child> have?**

[TICK ALL THAT APPLY]

- A. Reluctant to speak ..... <sub>1</sub>
- B. Speech not clear to the family ..... <sub>2</sub>
- C. Speech not clear to others ..... <sub>3</sub>
- D. Speech is developing slowly ..... <sub>4</sub>
- E. Difficulty finding words ..... <sub>5</sub>
- F. Difficulty putting words together ..... <sub>6</sub>
- G. Voice sounds unusual ..... <sub>7</sub>
- H. Stutters, stammers ..... <sub>8</sub>
- I. Lisp or difficulty pronouncing certain letter combinations ..... <sub>9</sub>
- J. Other (please specify) ..... <sub>10</sub>
- K. Don't know ..... <sub>99</sub>

**E21. [Card E21] Please indicate if <child> receives support from any of the following IN SCHOOL**

[Tick all that apply]

**In School**

- |   |  |
|---|--|
| Resource Teaching/ Learning Support ..... <input type="checkbox"/> <sub>1</sub> | Behavioural Management Programme ..... <input type="checkbox"/> <sub>7</sub>           |
| Special Needs Assistant ..... <input type="checkbox"/> <sub>2</sub>             | School psychologist ..... <input type="checkbox"/> <sub>8</sub>                        |
| Technical Assistance ..... <input type="checkbox"/> <sub>3</sub>                | National Educational Psychological Service ..... <input type="checkbox"/> <sub>9</sub> |
| Visiting Teacher ..... <input type="checkbox"/> <sub>4</sub>                    | Other (please specify) ..... <input type="checkbox"/> <sub>10</sub>                    |
| Transport Service ..... <input type="checkbox"/> <sub>5</sub>                   | Doesn't receive any supports ..... <input type="checkbox"/> <sub>11</sub>              |
| Speech and Language Therapist ..... <input type="checkbox"/> <sub>6</sub>       |  |

**E22. [Card E22] Please indicate if <child> receives support from any of the following OUTSIDE SCHOOL**

[Tick all that apply]

**Outside School**

- |   |   |
|---|---|
| Speech and Language Therapist ..... <input type="checkbox"/> <sub>1</sub> | Psychiatrist ..... <input type="checkbox"/> <sub>5</sub>                  |
| Occupational Therapist ..... <input type="checkbox"/> <sub>2</sub>        | Extra tuition/private tuition ..... <input type="checkbox"/> <sub>6</sub> |
| Physiotherapist ..... <input type="checkbox"/> <sub>3</sub>               | Other (please specify) ..... <input type="checkbox"/> <sub>7</sub>        |
| Psychologist ..... <input type="checkbox"/> <sub>4</sub>                  | Doesn't receive any supports ..... <input type="checkbox"/> <sub>8</sub>  |

**E23. In general, how adequate are the supports <child> receives for this/these condition(s) or disability(ies)**

- Barely adequate ..... <sub>1</sub>
- Adequate ..... <sub>2</sub>
- Excellent ..... <sub>3</sub>
- Doesn't receive any supports ..... <sub>4</sub>

**E24. How many books does <child> have access to in the home? Would you say...[INT: READ OUT]**

- |  |   |
|--|---|
| None ..... <input type="checkbox"/> <sub>1</sub>     | 31 to 50 ..... <input type="checkbox"/> <sub>4</sub>      |
| 1 to 10 ..... <input type="checkbox"/> <sub>2</sub>  | 51 to 100 ..... <input type="checkbox"/> <sub>5</sub>     |
| 11 to 30 ..... <input type="checkbox"/> <sub>3</sub> | More than 100 ..... <input type="checkbox"/> <sub>6</sub> |

E25a. Do you have a computer at home? Yes.....<sub>1</sub> No .....<sub>2</sub>

E25b. Does <child> have access to the internet? Yes <sub>1</sub> No .....<sub>2</sub>

E25c. Do you have an internet filter system (e.g. Net Nanny) which controls <child's> access to the internet?

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

E26. [Card E26] On a normal weekday, during term-time, about how much time does <child> spend using the computer. Please include time before school as well as time after school. DO NOT include time spent using computers in school.

None.....<sub>1</sub> 3 hours to less than 5 hours.....<sub>4</sub>  
Less than an hour .....<sub>2</sub> 5 hours to less than 7 hours.....<sub>5</sub>  
1 hour to less than 3 hours .....<sub>3</sub> 7 hours or more.....<sub>6</sub>

E27. [Card E27] On a typical weekday, who, if anyone, minds <child> between the time they finish school and 6pm in the evening? (Tick one only; if more than one indicate the type of care where <child> spends MOST time or is the most frequently used)

- They come home and take care of themselves .....<sub>1</sub>
- Minded at home by an older sibling .....<sub>2</sub>
- Minded at home by you or your spouse/partner.....<sub>3</sub>
- Minded at home by a relative .....<sub>4</sub>
- Minded at home by another adult (not a relative).....<sub>5</sub>
- Attend an after-school program/club .....<sub>6</sub>
- Hang out with friends.....<sub>7</sub>
- Other (please specify) .....<sub>8</sub>

## F: FAMILY CONTEXT

Now some questions about your relationship with <Child>.

F1. [Show Card F1] Looking at Card F1, I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies
A. I share an affectionate, warm relationship with my child.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B. My child and I always seem to be struggling with each 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>	<input type="checkbox"/> <sub>5</sub>
C. If upset, my child will seek comfort from me. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D. My child is uncomfortable with physical affection or touch from me. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E. My child values his/her relationship with me. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
F. When I praise my child, he/she beams with pride. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
G. My child spontaneously shares information about himself/herself ..	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
H. My child easily becomes angry at me. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I. It is easy to be in tune with what my child is feeling. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
J. My child remains angry or is resistant after being disciplined.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
K. Dealing with my child drains my energy. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
L. When my child is in a bad mood, I know we're in for a long and difficult day. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
M. My child's feelings toward me can be unpredictable or can change suddenly. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
N. My child is sneaky or manipulative with me. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
O. My child openly shares his/her feelings and experiences with me. ..	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**F2. [Card F2] The following are some questions on your knowledge of what <child> does in his/her free time, where he/she goes, and who he/she has as friends.**

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
A. Do you know what <child> does with his/her free time. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Do you know who he/she has as friends during his/her free time. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Do you usually know what type of homework he/she has. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Do you know what he/she spends his/her money on ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Do you know when he/she has a test or homework due at school. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
F. Do you know how he/she does in different subjects at school. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
G. Do you know where he/she goes when out at night with friends. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H. Do you know where he/she goes and what he/she does after school. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I. How often in the last month have you had no idea where he/she was. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**F3. [CARD F3] The following are some questions about how much <child> actually tells you about what he/she is doing, without being asked.**

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

**F4. [Show Card F4] Looking at Card F4, 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. Play sports, cards or games together. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Talk about things together. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Do household activities together (e.g. gardening, cooking, cleaning, etc). ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Go on an outing together (e.g. going to the cinema, theatre, walking, shopping). ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**F5. [Show Card F5] Looking at Card F5, how often does <child> get together with, see or spend time with the following people (excluding those living in your home)**

	Quite a lot	Now and again	Rarely	Live Abroad	Doesn't have
A. Grandparents. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Uncles/Aunts. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Cousins. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Other family members/ close family friends. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**F6. [Show Card F6] Please tell me how strongly you agree or disagree with the following statements.**

Strongly Disagree     Disagree     Neither Agree nor disagree     Agree     Strongly Agree     NA

**Because of your work responsibilities:**

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

**Because of your family responsibilities:**

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

**F7. How fairly or unfairly would you say the household tasks are distributed between you and your partner? Would you say...[INT: READ OUT]**

- Very unfairly ..... <sub>1</sub>    Quite unfairly ..... <sub>2</sub>    Fairly ..... <sub>3</sub>    Don't have partner. .... <sub>4</sub>

**F8. [Show Card F8] I would now like to ask some questions about <child's> behaviour over the last 12 months. Please tell me the extent to which the following statements apply:**

Not at all     Once     2-5 times     6 or more times

- A. Often started fights or bullies, threatens or intimidates others..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>
- B. Has used a weapon that could cause serious physical harm to others (eg, a bat, brick, broken bottle, knife) ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>
- C. Has been physically cruel to other people ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>
- D. Has been physically cruel to animals ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>
- E. Deliberately destroyed or damaged property ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>
- F. Has broken into someone else's house, building or car ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>
- G. Has lied to obtain goods or favours (i.e., 'cons' others)..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>
- H. Has stolen items of value without confronting a victim (e.g., shoplifting, but without breaking and entering) ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>
- I. Has stayed out at night despite parental prohibitions..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>
- J. Has run away from home overnight at least twice while living in parental home (or once for a lengthy period) ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>
- K. Has truanted from school ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>

**F9. [Card F9] For the following items could you indicate whether or not the child / children in the family 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 the child / children have some new (not second hand) clothes? ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>
- b. Does the child / children have two pairs of properly fitting shoes, including a pair of all-weather shoes?..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>
- c. Does the child / children eat fresh fruit and/or vegetables at least once a day? ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>
- d. Does the child / children eat three meals a day?..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>
- e. Does the child / children eat a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day?..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>
- f. Does the child / children have books at home suitable for his/her age ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>
- g. Does the child / children have outdoor leisure equipment (bicycle, roller skates, etc.)? <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>
- h. Does the child / children have indoor games (board games, computer games etc)? .... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>
- i. Does the child / children participate in a regular leisure activity (swimming, playing an instrument, youth organisations, etc.)? ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>
- j. Does the child / children have celebrations on special occasions (birthdays, religious events)? ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>
- k. Does the child / children invite/have friends to your house to play and/or eat from time to time? ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>
- l. Does the child / children participate in school trips and school events that cost money? <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>
- m. Does the child / children have a suitable place to study or do homework? ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>
- n. Does the child / children have outdoor space in the neighbourhood to play safely (including gardens) ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>

## G: SOCIO-DEMOGRAPHICS

**Now some questions about the circumstances of your household.**

**G1. Does your accommodation have access to a garden or common space (either private or shared)?**

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

**G2. [Card G2] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?**

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

**G3. [Card G3] Which of these descriptions BEST describes your usual situation in regard to work?**

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

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>0. Currently on maternity leave, but with a job to return to ..... <input type="checkbox"/><sub>0</sub></li> <li>1. Employee (incl. apprenticeship or Community Employment) ..... <input type="checkbox"/><sub>1</sub></li> <li>2. Self employed outside farming ..... <input type="checkbox"/><sub>2</sub></li> <li>3. Farmer ..... <input type="checkbox"/><sub>3</sub></li> </ul> | <ul style="list-style-type: none"> <li>4. Student full-time ..... <input type="checkbox"/><sub>4</sub></li> <li>5. On State training scheme (FAS, Failte Ireland etc) ..... <input type="checkbox"/><sub>5</sub></li> <li>6. Unemployed, actively looking for a job ..... <input type="checkbox"/><sub>6</sub></li> <li>7. Long-term sickness or disability ..... <input type="checkbox"/><sub>7</sub></li> <li>8. Home duties / looking after home or family ..... <input type="checkbox"/><sub>8</sub></li> <li>9. Retired ..... <input type="checkbox"/><sub>9</sub></li> <li>10. Other (please specify) _____ <input type="checkbox"/><sub>10</sub></li> </ul> |
|---|--|

**[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT TIME 1 BUT IS WORKING AT TIME 2 ASK G4]**

**G4. When did you return to work? \_\_\_\_\_ year**

**G5. 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**

**G6. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?**  
 \_\_\_\_\_ minutes      [Int. if respondent works at home enter '0' for minutes]

**G7. [Card G7] What is your occupation in your main job?**

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

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

Do not use general terms such as:  
 MANAGER  
 TEACHER  
 ENGINEER

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

**Write in your main OCCUPATION**

---

**G8. Do you supervise or manage any personnel in your job?**

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

**G9. How many? \_\_\_\_\_**

**G10. How many employees (if any) do you have? \_\_\_\_\_ employees      N A .... <sub>99</sub>**

**G11. [Ask only if Farmer at G3.] How many acres do you farm? \_\_\_\_\_ acres**

**Go to G23**



**G12. Apart from holiday or casual work, have you ever had a full-time job?** Yes \_1 No \_2 **Go to G19**

**G13. In what year did you last work in that full-time job?** \_\_\_\_\_ year

**G14. 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

**G15. [Card G15] What (was) your occupation in your main job?**

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

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

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

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Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.  
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

**Write in your main OCCUPATION**

\_\_\_\_\_

**G16a. Did you supervise or manage any personnel in your job?**

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

**G16b. How many?** \_\_\_\_\_

**G17. How many employees (if any) did you have?** \_\_\_\_\_ employees N A .... \_99

**G18. [Ask only if Farmer at G14] How many acres do you farm?** \_\_\_\_\_ acres

**G19. Do you currently have a part time job outside the home?** Yes ..... \_1 No ..... \_2 **Go to G22**

**G20. On average, how many hours per week do you work in that part-time job?** \_\_\_\_\_ hours

**G21. [Card G21] What is your occupation in that job?**

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

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

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

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

**Write in your main OCCUPATION**

\_\_\_\_\_

**If a farmer or a farm worker, write in the SIZE of the farm** \_\_\_\_\_ acres

**Go to G23**

**G22. [Card G22] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.**

- |   |  |
|---|--|
| A. I can't find a job .....                               | F. I cannot find suitable childcare .....          |
| B. I chose not to work .....                              | G. There are no suitable jobs available for me.... |
| C. I am caring for an elderly or ill relative or friend.. | H. My family would lose Social Welfare or          |
| D. I prefer be at home to look after my children myself   | medical benefits if I was earning .....            |
| E. I cannot earn enough to pay for childcare .....        | I. Other reason (specify) .....                    |

**Go to G23**

**G23. [Card G23] What is the occupation of your spouse / partner? [If not currently employed, please record last occupation]**

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

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

Do not use general terms such as:  
 MANAGER  
 TEACHER  
 ENGINEER

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

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

**HOUSEHOLD INCOME**

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

**G24. [Card G24] Looking at Card G24, which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner's income. [INT. Tick 'Yes' or 'No' for each in Col. A]**

**G25. [Card G24] And of these sources of income which is the largest source of income at present?[Int 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
B. Income from Self-Employment .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
C. Income from Farming .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
D. Children's Allowance/ Child Benefit .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
E. Other Social Welfare Payments .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS**

**G26. [Card G26] 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. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO G27. IF EXACT FIGURE GIVEN GO TO G29]**

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

**G27. [Card G27] I know that it is difficult to give an exact figure for household income but on Card G27 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 as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI. [Int: Tick the letter of the group your household falls into, after deductions for tax and PRSI only]**

**HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI**

<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"/> <sub>1</sub> → Section A, Card G28
€231 to under €350 .....	€1,001 to under €1,500 .....	€12,001 to under €18,000 ...	B <input type="checkbox"/> <sub>2</sub> → Section B, Card G28
€351 to under €460 .....	€1,501 to under €2,000 .....	€18,001 to under €24,000 ...	C <input type="checkbox"/> <sub>3</sub> → Section C, Card G28
€461 to under €575 .....	€2,001 to under €2,500 .....	€24,001 to under €30,000 ...	D <input type="checkbox"/> <sub>4</sub> → Section D, Card G28
€576 to under €800 .....	€2,501 to under €3,500 .....	€30,001 to under €42,000 ...	E <input type="checkbox"/> <sub>5</sub> → Section E, Card G28
€801 to under €925 .....	€3,501 to under €4,000 .....	€42,001 to under €48,000 ...	F <input type="checkbox"/> <sub>6</sub> → Section F, Card G28
€926 to under €1,150 .....	€4,001 to under €5,000 .....	€48,001 to under €60,000 ...	G <input type="checkbox"/> <sub>7</sub> → Section G, Card G28
€1,151 to under €1,500 .....	€5,001 to under €6,500 .....	€60,001 to under €78,000 ...	H <input type="checkbox"/> <sub>8</sub> → Section H, Card G28
€1,501 to under €1,850 .....	€6,501 to under €8,000 .....	€78,001 to under €96,000 ...	I <input type="checkbox"/> <sub>9</sub> → Section I, Card G28
€1,851 or more .....	€8,001 or more .....	€96,001 or more .....	J <input type="checkbox"/> <sub>10</sub> → Section J, Card G28
Refused.....	<input type="checkbox"/> <sub>77</sub> GO TO G29	Don't Know .....	<input type="checkbox"/> <sub>88</sub> GO TO G29

**G28. [Card G28] Would that be [Int: Show Card G28 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]**

<b>A</b>	Per week	under €75 ..... <input type="checkbox"/> <sub>1</sub>	€75 to €150 ..... <input type="checkbox"/> <sub>2</sub>	€151 to €230 ..... <input type="checkbox"/> <sub>3</sub>
	Per Month	€0 to €300 ..... <input type="checkbox"/> <sub>1</sub>	€301 to €650 ..... <input type="checkbox"/> <sub>2</sub>	€651 to €1,000 ..... <input type="checkbox"/> <sub>3</sub>
	Per Year	€0 to €4,000 ..... <input type="checkbox"/> <sub>1</sub>	€4,001 to €8,000 ..... <input type="checkbox"/> <sub>2</sub>	€8,001 to €12,000 ..... <input type="checkbox"/> <sub>3</sub>
<b>B</b>	Per week	€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>
	Per Month	€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>
	Per Year	€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>	Per week	€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>
	Per Month	€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>
	Per Year	€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>	Per week	€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>
	Per Month	€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>
	Per Year	€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>	Per week	€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>
	Per Month	€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>
	Per Year	€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>	Per week	€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>
	Per Month	€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>
	Per Year	€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>	Per week	€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>
	Per Month	€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>
	Per Year	€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>	Per week	€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>
	Per Month	€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>
	Per Year	€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>	Per week	€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>
	Per Month	€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>
	Per Year	€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>	Per week	€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>
	Per Month	€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>
	Per Year	€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>

**G29. Does anyone in your household currently receive any other Social Welfare payments?**

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

**G30. [Card G30] Now I'd like to record information on any Social Welfare payments which are received by ANYONE in the household. Looking at Card G30, could you tell me whether or not ANYONE in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]**

Social Welfare Payment		Social Welfare Payment	
<b>UNEMPLOYMENT PAYMENTS</b>			
Jobseeker's Benefit	<input type="checkbox"/> <sub>1</sub>	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> <sub>2</sub>
<b>EMPLOYMENT SUPPORTS</b>			
Family Income Supplement	<input type="checkbox"/> <sub>3</sub>	Back to Work Enterprise Allowance	<input type="checkbox"/> <sub>6</sub>
Farm Assist	<input type="checkbox"/> <sub>4</sub>	Part-time Job Incentive Scheme	<input type="checkbox"/> <sub>7</sub>
Back to Work Allowance (Employees)	<input type="checkbox"/> <sub>5</sub>	Back to Education Allowance	<input type="checkbox"/> <sub>8</sub>
Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> <sub>9</sub>	Rural Social Scheme	<input type="checkbox"/> <sub>10</sub>
<b>ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS</b>			
Widow's or Widower's (Contributory) Pension	<input type="checkbox"/> <sub>11</sub>	Deserted Wife's Allowance	<input type="checkbox"/> <sub>15</sub>
Deserted Wife's Benefit	<input type="checkbox"/> <sub>12</sub>	Prisoner's Wife's Allowance	<input type="checkbox"/> <sub>16</sub>
Widowed Parent Grant	<input type="checkbox"/> <sub>13</sub>	One-Parent Family Payment	<input type="checkbox"/> <sub>17</sub>
Widow's or Widower's (Non-Contrib) Pension	<input type="checkbox"/> <sub>14</sub>		
<b>CHILD RELATED PAYMENTS</b>			
Maternity Benefit	<input type="checkbox"/> <sub>18</sub>	Guardian's Payment (Contributory)	<input type="checkbox"/> <sub>21</sub>
Adoptive Benefit	<input type="checkbox"/> <sub>19</sub>	Guardian's Payment (Non-Contributory)	<input type="checkbox"/> <sub>22</sub>
Health & Safety Benefit	<input type="checkbox"/> <sub>20</sub>	Guardian/Orphan's pension	<input type="checkbox"/> <sub>23</sub>
<b>DISABILITY AND CARING PAYMENTS</b>			
Illness Benefit	<input type="checkbox"/> <sub>24</sub>	Prescribed Relative's Allowance	<input type="checkbox"/> <sub>32</sub>

Invalidity Pension	<input type="checkbox"/> <sub>25</sub>	Injury Benefit	<input type="checkbox"/> <sub>33</sub>
Disability Allowance	<input type="checkbox"/> <sub>26</sub>	Incapacity Supplement	<input type="checkbox"/> <sub>34</sub>
Blind Pension	<input type="checkbox"/> <sub>27</sub>	Disablement Benefit	<input type="checkbox"/> <sub>35</sub>
Carer's Benefit	<input type="checkbox"/> <sub>28</sub>	Medical Care Scheme	<input type="checkbox"/> <sub>36</sub>
Domiciliary Care Allowance	<input type="checkbox"/> <sub>29</sub>	Constant Attendance Allowance	<input type="checkbox"/> <sub>37</sub>
Carer's Allowance	<input type="checkbox"/> <sub>30</sub>	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> <sub>38</sub>
Half-rate Carer's Allowance	<input type="checkbox"/> <sub>31</sub>		
<b>RETIREMENT PAYMENTS</b>			
State Pension (Transition)	<input type="checkbox"/> <sub>39</sub>	State Pension Non-Contributory	<input type="checkbox"/> <sub>41</sub>
State Pension (Contributory)	<input type="checkbox"/> <sub>40</sub>	Pre-Retirement Allowance	<input type="checkbox"/> <sub>42</sub>
<b>OTHER PAYMENTS</b>			
Fuel/Smokeless Fuel Allowance	<input type="checkbox"/> <sub>43</sub>	Diet/heating supplements	<input type="checkbox"/> <sub>45</sub>
Household Benefits Package (electricity/gas/phone)	<input type="checkbox"/> <sub>44</sub>		

**G31. Does anyone in your household currently receive rent or mortgage supplement? Yes...** <sub>1</sub> **No...** <sub>2</sub>

**G32. How much does the household receive PER WEEK in rent or mortgage supplement? €-----**

**G33. Do you receive or have you received in the last 12 months, any of the following payments? [Tick all that apply]**

- (a) Back to school clothing and footwear allowance.....<sub>1</sub>
- (b) Exceptional and urgent needs payments (from Community Welfare Officer).....<sub>2</sub>
- (c) Foster Care Allowance.....<sub>3</sub>

**G34. [Card G34] Looking at Card G34 and thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?**

- |                                       |                                       |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None                                  | Less than 5 %                         | 5% to less than 20%                   | 20% to less than 50%                  | 50% to less than 75%                  | 75% to less than 100%                 | 100%                                  |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> | <input type="checkbox"/> <sub>7</sub> |

**G35. [Card G35] 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> |

**G36. [Card G36] A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?**

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

**G37. 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 .....<sub>1</sub> No .....<sub>2</sub>

**G38a. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?**

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

**G38b. [Card G38b] Why was that?**

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

**G39a. Does your family have a car?**

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

**G39b. Would your family like to have a car but you cannot afford it?**

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

**G40. Since our last interview when <child> was 9 years old we have had major changes in the economy with the recession, cutbacks and unemployment. Would you say that the recession has had:**

- |   |  |  |  |
|---|--|--|--|
| <b>A very significant effect<br/>on your family</b> | <b>A significant effect<br/>on your family</b> | <b>A small effect<br/>on your family</b> | <b>No effect at all<br/>on your family</b> |
|---|--|--|--|

<sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>

**G41. [Card G41] How has it affected your family? [Int: tick all that apply]**

- a. You were made redundant / lost your job ..... <sub>1</sub>
- b. Your spouse/partner was made redundant / lost their job ..... <sub>2</sub>
- c. Your or your spouse/partner's working hours were reduced..... <sub>3</sub>
- d. Your or your spouse/partner's wages were reduced ..... <sub>4</sub>
- e. Your or your spouse/partner's social welfare benefits were reduced ..... <sub>5</sub>
- f. Your family can't afford luxuries (holidays, meals out, etc)..... <sub>6</sub>
- g. Your family can't afford / had to cut back on basics (food, clothes)..... <sub>7</sub>
- h. You are behind with rent / mortgage payments ..... <sub>8</sub>
- i. You are behind with utility bills (e.g. electricity, gas bills, etc)..... <sub>9</sub>
- j. Other (please specify) ..... <sub>10</sub>

## Section H – About You

**Now some more questions about yourself**

**H1. [Card H1] What is the highest level of education (full-time or part-time) which you have completed to date?**

- 1. No formal education ..... <sub>1</sub>
- 2. Primary education..... <sub>2</sub>

**Second Level**

- 3. Lower Secondary ..... <sub>3</sub>  
(Junior/Intermediate/Group Certificate. 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
- 4. Upper Secondary..... <sub>4</sub>  
(Leaving Certificate (including Applied and Vocational Programmes). 'A' Levels, NCVA Level 1 Certificate or equivalent)
- 5. 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).
- 6. Both Upper Secondary and Technical or Vocational qualification ..... <sub>6</sub>

**Third Level**

- 7. Non Degree ..... <sub>7</sub>  
(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
- 8. Primary Degree ..... <sub>8</sub>  
(Third Level Bachelor Degree)
- 9. Professional qualification (of Degree status at least)..... <sub>9</sub>
- 10. Both a Degree and a Professional qualification..... <sub>10</sub>
- 11. Postgraduate Certificate or Diploma..... <sub>11</sub>
- 12. Postgraduate Degree (Masters) ..... <sub>12</sub>
- 13. Doctorate (Ph.D)..... <sub>13</sub>

**H2. At what age did you leave full-time education for the first time? \_\_\_\_\_ years**  
[INTERVIEWER: Code as '0' if respondent never undertook full-time education. Code 999 if still in full time education]

**H3. What is <child's> first language?**

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

**H4a. What language do you speak most often at home?**

English ..... <sub>1</sub>    Irish.....<sub>2</sub>    Other ..... <sub>3</sub>

**H4b. 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>

**H5. 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>

**H6. Can you usually read and fill out forms you might have to deal with in English?**

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

**H7. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?**

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

**H8. Do you belong to any religion?**

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

**H9. [Card H9] Which religion?**

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

**H10. In general, would you describe yourself as a spiritual person?**

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

**H11. Are you a citizen of Ireland?**

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

**H12. What citizenship do you hold? \_\_\_\_\_**

**H13. Were you born in Ireland?**

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

**H14. In which country were you born? \_\_\_\_\_**

**H15. How long ago did you first come to live in Ireland?**

Within the last year <input type="checkbox"/> <sub>1</sub>	1-5 years ago <input type="checkbox"/> <sub>2</sub>	6-10 years ago <input type="checkbox"/> <sub>3</sub>	11-20 years ago <input type="checkbox"/> <sub>4</sub>	More than 20 years ago <input type="checkbox"/> <sub>5</sub>	Don't Know <input type="checkbox"/> <sub>88</sub>
--	---	--	---	--	---

**H16. [Card H16] Looking at card H16, can you tell me, what is your ethnic or cultural background?  
Please choose ONE section from 1 to 4 then tick the appropriate box.**

- 1. White
  - Irish.....  1
  - Irish Traveller .....  2
  - Any other White background .....  3
- 2. Black or Black Irish
  - African.....  4
  - Any other Black background .....  5
- 3. Asian or Asian Irish
  - Chinese .....  6
  - Any other Asian background .....  7
- 4. Other, including mixed background.....  8

## **J. Neighbourhood / Community**

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

**J1. How long have you lived in your local area? \_\_\_\_\_ years OR \_\_\_\_\_ months**

**J2. Do you intend to continue living in Ireland?**

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

**J3. [Card J3] How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common, fairly common, not very common, or not at all common.**

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

**J4. [Card J4] To what extent do you agree or disagree with these statements?**

	Strongly Agree	Agree	Disagree	Strongly Disagree
A. This is a safe area for my 13 year old .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. It is safe for me to walk alone in this area after dark.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. As a family we are happy living in this area .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D. We as a family intend to continue living in this area .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
E. There are places in this area where teenagers can safely hang out .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
F. There are facilities such as youth clubs, swimming clubs, sports clubs, for teenagers in this area. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4