

## Growing Up in Ireland Primary Caregiver Twin and Triplet Questionnaire Cohort '08 at 13 Years of Age

GROUP

H'HOLD

YOUNG PERSON NO.

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

Interviewer Number

Time Started

Date

day mth year

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

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

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

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

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

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

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

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

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

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

Yes .. 1 → Go to B3

No ... 2 → Go to B7]

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

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

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

**B5. Since when has <child> had this condition or difficulty? [Record year parent first became aware of condition (not necessarily diagnosed); If current or previous year, record month as well**

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

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

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

[Ask all B7-B11]

[Tick all that apply] [Note: Longer list was used in pilot – see Pilot Report]

**B8. When the schools are open, Does <child> have a reduced timetable at school or a shorter school day, because of a condition or disability?** Yes ... ☐\_1\_ No ... ☐\_2\_

[Tick all that apply] [Note: see longer list used in Pilot in Pilot Report]

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

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

**B22. Now some questions about food. Please say how many times a week <child> usually eats or drinks any of the following.**

[TICK ONE BOX ON EACH LINE]

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

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

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

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

[Pilot Version: Does <child> follow any of these special diets? [list as per B24b; Tick all that apply]

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

Vegetarian	Vegan	Gluten-free	Dairy-free	Other restriction because of food allergy or food intolerance	Other special diet because of a diagnosed condition	Other special diet for religious reasons
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

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

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

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

He/she walks	By public transport	School bus/coach	By car	Rides a bicycle	Other (please describe)	Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

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

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

## C. Primary Caregiver's Health

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

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

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

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

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

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

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

D2.

**D3. About how many close friends does <child> have?**

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

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

## E. Education and School

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

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

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

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

Yes..... ☐1    No ..... ☐2

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

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

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

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

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

**E6. Has <child> attended an Open Day at his/her new school**                      Yes..... ☐1    No ..... ☐2

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

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

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

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

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

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

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

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

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

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

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

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

**E13. Why is that?**

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

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

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

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

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

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

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

## F. Internet and Screen Time

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

Yes ... ☐1      No ... ☐2 → Go to F6

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

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

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

Yes ..... ☐1      No ..... ☐2

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

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

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

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

Now some questions about your relationship with <Child>.

**G1**

[illegible]

G2. 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
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

G3. Thinking of an **AVERAGE SCHOOL DAY**, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc.) Please think of the most recent four weeks of term time when the schools were open. \_\_\_\_\_ hours \_\_\_\_\_ minutes

G4. Thinking of an AVERAGE WEEKEND DAY, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc.) Please think of the last four weeks. \_\_\_\_\_ hours \_\_\_\_\_ minutes

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

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