

Growing Up in Ireland Young Person Main Questionnaire Cohort '08 at 13 years of age

ID

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Time Started

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(24 hour clock)

Date

day

month

year

A. Preliminaries

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

A1. Please confirm that you have read the Information Sheet, discussed participating with your guardian and agree to take part in the survey:

Yes, I agree to take part ☐ 1

No, I do not wish to take part ☐ 2 Go to end

B. Activities and Time at Home During Covid-19 Restrictions

First, some questions about your recent experience during the Covid-19 pandemic.

B1. Thinking of the time during the most recent Level 5 restrictions when the schools were closed, please say whether each of the following was always true, sometimes true or not true for you.

ALWAYS TRUE SOMETIMES TRUE NOT TRUE

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| a. I had a quiet space to study | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. I missed my friends..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. I had a chance to attend school lessons with my teacher on the internet | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. My parent(s) helped with my school work..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

B2. Still thinking now of the time during the most recent Level 5 restrictions when the schools were closed, please say whether each of the following was always true, sometimes true or not true for you.

ALWAYS TRUE SOMETIMES TRUE NOT TRUE

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| a. I enjoyed the extra time with my family | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. I worried about the virus infecting me or someone else in my family | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. I learned some new skills or improved existing skills..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. I was able to keep in touch with my friends..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e. I ate more snack foods than usual | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

B3. Thinking about how much exercise you got during the most recent Level 5 restrictions when the schools were closed, how did this compare to before the restrictions?

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

C. Activities

Please indicate (a) how often you do each of these activities and (b) if you never do them or do them less often than once a month, the main reason.

	(a) How often			(b) less often/never, what is the main reason		
	At least once a week	At least once a month	Less often or never	No interest	Covid restrictions	Other reason
C1. Play sports with a coach or instructor, or as part of an organised team, other than in P.E. class? (swimming, soccer, GAA games, hockey, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C2. Take part in dance lessons	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C3. Take part in art, crafts, drama or music lessons / clubs / rehearsals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C4. Take part in clubs or groups such as Guides or Scouts, youth club, community or church groups	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

C5. If you do any of the above activities, do you have special responsibilities, such as team leader, captain, secretary, etc.?

Yes ☐₁

No..... ☐₂

Don't do any of the activities..... ☐₃

C6. How many times a week do you do these activities for fun or to relax?

	Every day	3 to 6 times a week	Once or twice a week	Less than once a week / Never
a. Reading for fun (include Kindle or other e-book reader) (not for school)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Singing or playing a musical instrument	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Physical activities or sports without a coach or instructor (e.g. dancing, swimming, biking, soccer, running)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Drawing/painting/crafts (such as model-making, knitting)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Going to the cinema	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Spending time with pets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Hanging out with friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

D. Internet and Screen Time

D1. Do you have any of the following that you can use to access the internet?

	Yes, for my sole use	Yes, but shared with someone else	No
a. Smartphone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Tablet (no keyboard)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Tablet with a keyboard	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Laptop computer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Other computer (including desktop)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Other device, such as gaming console	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

D2. I am now going to ask you about how much time you spend on each of the following activities on a typical day (where it is your main activity at the time)? Please include time before school as well as time after school and include any screen-based device: TV, computer, tablet, smart-phone. Do not include time spent using computers in school or for online class work. For each, please answer separately for weekdays and weekend days.

	None	Up to one hour [less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more
On a Weekday during term time, how much time do you spend....?							
a. Watching television /films/ videos (on TV set, tablet or other device)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
b. Playing video/computer games	<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
c. Other online or screen-based activities	<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
On a Weekend day or holiday, how much time do you spend...?							
d. Watching television /films/ videos (on TV set, tablet or other device)	<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

e. Playing video/computer games	<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
f. Other online or screen-based activities	<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

D3. Do you have your own account or profile on a social networking or social media site that you currently use (such as Instagram or WhatsApp)?

Yes ... ☐1 No ... ☐2

D4. Do you have your own account or profile on a gaming site that you currently use (such as Fortnite)? Yes ... ☐1 No ... ☐2

D5. In the PAST YEAR, how often have these things happened to you?

	Never	A few times	At least once a month	At least once a week	Daily or almost daily
a. I have felt bothered when I cannot be on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I have spent less time than I should with either family, friends or doing schoolwork because of the time I spent on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I have gone online to look for information to help me with a problem	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

D6. How much do you think your parent/guardian knows about what you do on the internet?

Nothing	Just a little	Quite a bit	A lot
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

ROUTING – ask D7 and D8 if 1 or 2 for any device at D1 (has internet device); Otherwise go to D9]

D7. Thinking about your phone or other internet device, how often, if ever do you . . .

	Never	Hardly ever	Sometimes	Often	Very often	
a. Feel as if you have to respond to messages/posts from other people immediately	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
b. Feel safer when you are out and about because you have your phone with you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	No phone <input type="checkbox"/> 6
c. Have your smartphone or other internet device in your bedroom and connected to the internet during the night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

D8. To what extent do you use your smartphone or tablet while doing any of these other activities?

	Never	Hardly Ever	Sometimes	Often	Very often	Activity does not apply
a. Travelling (to/from school / other activities)	<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. Eating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
c. Watching TV or movies on another device	<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. Doing homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
e. Relaxing with family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
f. Hanging out 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

D9. How often, if ever, do you feel that your parent or caregiver is distracted by their smartphone when you are trying to have a conversation with them?

Never☐1 Hardly ever☐2 Sometimes☐3 Often☐4 Very often
.....☐5

E. School and Education

Now some questions about your experiences of school and education

E1. What class did/will you start in September 2021?

Home schooled☐1 → Go to E12
 5th class.....☐2 → Go to E9
 6th class.....☐3 → Go to E9
 1st year☐4
 2nd year.....☐5
 Other class at second level☐6
 Other class at primary level☐7 → Go to E9

Section for Students in Second Level Schools since last September

E2 Please tick the subjects you are taking from last September . For Irish, English and Maths, please tick which level you are studying.

- a. Irish Higher ☐₁ Ordinary ☐₂ Not sure yet ☐₃ Don't take Irish ☐₄
- b. English Higher ☐₁ Ordinary ☐₂ Not sure yet ☐₃
- c. Mathematics Higher ☐₁ Ordinary ☐₂ Not sure yet ☐₃
- d. History ☐₁
- e. Geography ☐₁
- f. French ☐₁
- g. German ☐₁
- h. Spanish ☐₁
- i. Religious Education ☐₁
- j. Visual Art ☐₁
- k. Music ☐₁
- l. Science..... ☐₁
- m. Home Economics ☐₁
- n. Wood Technology ☐₁
- o. Engineering..... ☐₁
- p. Graphics ☐₁
- q. Business Studies ☐₁
- r. Civic, Social and Political Education (CSPE) ☐₁
- s. Physical Education..... ☐₁
- t. Social, Personal and Health Education (SPHE)..... ☐₁
- u. Other (please specify)..... ☐₁

E3. Did you take any short courses this year? Yes ... ☐₁ No ... ☐₂

E4. Did you have any choice over what subjects you did this year? Yes, a lot ... ☐₁ Yes, a little ... ☐₂ No ... ☐₃

E5. How many of your friends from primary school are ... [tick one box on each line]

	None	One	Two	3 or more	Still at primary school
.... in your secondary <u>school</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

E6. Here are some views about how you settled into your secondary school. There are no right or wrong answers. For each statement please select an answer to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I feel I am 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
b. I miss my 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
c. I worry about making new friends.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. I am getting on 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
e. I have made new friends.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. I am involved in organised activities after school or at lunchtime.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. I get 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

E7. In general, thinking about all your subjects, how regularly do the following take place in your classes when schools are open? [TICK ONE BOX ON EACH LINE]

	Very regularly	Quite regularly	Now and again	Never or hardly ever
a. We copy notes from the whiteboard	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. I work in a group with other students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. We use computers or tablets in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. I make a presentation to the class.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. I can show what I have learnt in different ways -- not just written tests.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. We have projects to do outside class time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. We get a say in what happens in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

E8. In general, thinking about all your teachers, how regularly do they do the following in your classes when schools are open? [TICK ONE BOX ON EACH LINE]

	Very regularly	Quite regularly	Now and again	Never or hardly ever
a. The teacher reads from the textbook	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. The teacher goes too slowly with the class.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. The teacher explains things really well	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. The teacher does most of the talking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. The teacher gives me feedback on how I'm doing.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. The teacher goes too quickly with the class <input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	

E9 for Students in fifth or sixth class since last September

E9. 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
a. I am 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
b. I am 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
c. I am 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

E10 for all except Home Schooled since last September

E10. How do you feel about school in general? [TICK ONE BOX ONLY]

I like it very much	I like it quite a bit	I like it a bit	I don't like it very much	I hate it
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E11. In general, how often do the following things happen to you in school, when schools are open? [TICK ONE BOX ON EACH LINE]

	Very often	Often	A few times	Never
a. You are told by a teacher that your work is good	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. You are encouraged to ask questions in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. A teacher praises you for answering a question	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. You are given out to by a teacher because your work is untidy or not done on time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. You are asked questions in class by the teacher	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. You are given out to by a teacher for misbehaving in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E12. On average how much time do you spend doing homework and/or study on a normal weekday during term-time when schools are open?

Half an hour or less [0 to 30 minutes]	Half to one hour [31 minutes to less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	[4 or more hours]		Don't do 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		<input type="checkbox"/> 7

E13. For each of these subjects, please indicate if you find the subject Difficult, OK, Not Difficult or You Don't Take that Subject. [TICK ONE BOX ON EACH LINE]

	Difficult	OK	Not difficult	Don't take
a. Maths.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Irish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. English.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E14. For each of these subjects, please indicate if you find the subject Interesting, OK, Not interesting or you don't take that subject. [TICK ONE BOX ON EACH LINE]

	Interesting	OK	Not interesting	Don't take
a. Maths.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Irish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. English.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E15. Some students get extra help at school in some subjects. Over the last 12 months have you received any extra help within school in any subject?

Yes ☐1 No ☐2 → Go to E17

E16. What subjects did you get extra help in? [TICK ALL THAT APPLY]

English/Reading ☐1 Maths ☐2 Irish ☐3 Other subject ☐4

E17. Over the last 12 months, how often have the following things happened to you? [TICK ONE BOX ON EACH LINE]

	Never	Now & Again	Quite Often	All the time
a. I was late for school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I got into trouble for not following school rules.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. I skipped classes or mitched.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I 'messed' in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. I had to do extra work as punishment (including lines).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. I had to do detention (after school or at lunch-time).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. I was suspended from school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E18. How many days were you absent from school in the last 12 months (not counting any time the whole school or your whole class was closed because of holidays, Covid-19 or any other reason)? _____

E19. What is the highest qualification you expect to get by the time you finish your education? [TICK ONE BOX ONLY]

Junior Cert.	Leaving Cert.	Certificate or Diploma (including PLC, apprenticeship)	Degree or higher degree
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

F. Parent Supervision and Discipline; Pocket Money

F1. On an average school day, when schools are open, how much time in a day do you spend alone at home while nobody else is home? [TICK ONE BOX ONLY]

None	Up to one hour [Less than 1 hour a day]	1 to 2 hours [1 to less than 2 hours a day]	2 to 3 hours [2 to less than 3 hours a day]	3 to 4 hours [3 to less than 4 hours a day]	4 to 6 hours [4 to less than 6 hours a day]	6 hours or more [6 or more hours a day]
<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

F2. _____

F3. When you misbehave, how often do your parents do the following? [TICK ONE BOX ON EACH LINE]

	Always	Sometimes	Never
a. Explain to you what you have done wrong.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Ignore you.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Shout at you.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Send you out of the room or to your bedroom.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Stop your treats or pocket money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Give out to you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Offer you treats to be good	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Ground you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Remove your phone/tablet/internet access.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

F4. Do you get money to spend on yourself from any of the following? [TICK ALL THAT APPLY]

a. Regular pocket money	<input type="checkbox"/> 1
b. Doing chores (or babysitting) in the home	<input type="checkbox"/> 2
c. Given money by parents when I need it	<input type="checkbox"/> 3
d. Doing occasional jobs (e.g. babysitting) outside the home	<input type="checkbox"/> 4
e. Have a regular part-time job	<input type="checkbox"/> 5

F5. About how much money, in total, do you receive when you put all these sources together? € _____ per [week/month] _____

G. Physical activities, Chores, Food and Self-Care

Now some questions about exercise and sport.

G1. Over the past 7 days on how many days were you physically active for a total of at least an hour (60 minutes) per day?

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school physical education class, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, cycling, dancing, skateboarding, swimming, soccer and football.

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7

G2. Over the past 7 days on how many days did you take part in light exercise for a total of at least an hour (60 minutes) per day? Light exercise is not hard enough to make you breathe heavily or make your heart beat faster. Examples include slow walking, or slow cycling.

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7

G3. Over the last week, how much time did you spend ...

	None	Up to one hour [Less than 1 hour]	1 to 2 hours [less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more [5 or more hours]
a. helping with tasks inside the house, such as cleaning, tidying, laundry, preparing meals, taking care of younger children or sick family members?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7
b. helping with tasks outside the house such as gardening, taking out the bins, washing the car or helping on a family farm?	<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

We would now like to ask some questions about the things that you eat.

G4. How often do you

	Every day	5 or 6 days a week	3-4 days a week	1-2 times a week	Less than once a week /Never
a. Have breakfast (either at home or at school)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
b. Have lunch	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
c. Have dinner	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
d. Have a snack between meals	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

[If snack every day or 5-6 days a week → Go to G5; Otherwise → Go to G7]

G5. About how many snacks most days? _____

G6. How many of these snacks are sugary foods or drinks (e.g. sweets, chocolate, sugary drinks, juices _____)?

G7. How often do you brush your teeth? [TICK ONE BOX ONLY]

More than twice a day	Twice a day	Once a day	Less often than once a day	Rarely	Not at all
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6

Now some questions about sleep. Please think about a week night during term time, when the schools are open.

G8. What time do you normally go to sleep on a week-night? Give the time of going to sleep rather than going to bed if these are different). ____ [hour] : ____ [minutes after the hour, 0 if none]

G9. And what time do you normally wake up on a week-day ____ [hour] : ____ [minutes after the hour, 0 if none]

H. Things You Have or Can do

Now some questions about things you have or can do

H1. Young people differ in the kinds of things they have or can do. For each of the following, please select the answer that best describes your situation

	Yes, I have	No, but do not want or need	No, but would like to have
a. Do you have the right kind of clothes to fit in with other people your age	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Do you have books (including e-books) at home suitable for your age	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Do you have your own bed or bunk bed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Do you have the right kind of electronic devices to keep in touch, or play games, with other people your age	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Do you have a suitable place at home to study or do your homework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
	Yes, I can	No, but do not want to	No, but would like to
f. Can you invite friends over from time to time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Can you have a celebration for your birthday or special events	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Can you go on school trips or to school events	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Can you have a meal out with your family at least once a month	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. Can you go on a family holiday at least once a year (in Ireland or elsewhere)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

J. Feelings and How you See Yourself

And now, some more questions about you ...

J2. How would you describe yourself? Would you say you are:

Very skinny	A bit skinny	Just the right size	A bit overweight	Very overweight
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

J3. Have you ever exercised to lose weight or to avoid gaining weight? Yes.....☐₁ No☐₂

J4. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to avoid gaining weight?

Yes☐₁ No.....☐₂

J5. On a scale of 0 to 10 where 0 is 'not satisfied at all' and 10 is 'completely satisfied', how satisfied are you with your life these days?

0	1	2	3	4	5	6	7	8	9	10
Not at all satisfied										Completely Satisfied
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀

Now some questions about your brothers and sisters and your friends

No2

	Never	Less than once a week	Once a week	2-5 times a week	Nearly every day
a. Play computer or video games together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Listen to music together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Spend time together on another hobby or interest	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Go out together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Argue with one another	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Push, shove or hit one another	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Play sports (e.g. football, gymnastics) together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Help each other with homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E. More than 10.....5

	None	Some	Most or all
a. A year or more younger	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. About the same age	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. A year or two older	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. More than two years older	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

None of them ₁ Some of them ₂ Most or all of them ₃

	Often	Sometimes	Never
a. By phone or voice call or video call	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. By text message (including WhatsApp)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Through post on social media	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. In person	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

a. I have fun with my friends..... ☐ 1 ☐ 2 ☐ 3

b. My friends would help me out if I needed them ☐ 1 ☐ 2 ☐ 3

K9 (was S1). If you had a problem or needed support, would you talk about it to any of the following?

[Tick all that apply]

- | | | |
|--|--------------------------|---|
| a. Parent(s) | <input type="checkbox"/> | 1 |
| b. Teacher | <input type="checkbox"/> | 2 |
| c. Some other adult in the school (such as guidance counsellor, class tutor) | <input type="checkbox"/> | 3 |
| d. Friends | <input type="checkbox"/> | 4 |
| e. Brother or sister | <input type="checkbox"/> | 5 |
| f. Grandmother/grandfather | <input type="checkbox"/> | 6 |
| g. Someone else..... | <input type="checkbox"/> | 7 |
| h. Nobody | <input type="checkbox"/> | 8 |

K10 (Was L1). Looking to the future, what job would you really like to get? _____

Ending Script:

If this interview (or the web survey) has raised any issue that you are concerned about, perhaps you could talk it over with your [mother/father/guardian].

There is also a list of support services you can contact that we sent you by post.

This list of support services also be found on the website. Go to www.growingup.ie and either click on the red button at the top of the home page or open the 'menu' if you are using a smartphone.