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Department of Children and Youth Affairs



Trinity College Dublin  
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The University of Dublin

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

### **STRICTLY CONFIDENTIAL**

### **YOUNG PERSON MAIN QUESTIONNAIRE – 17-year-olds**

AREA  HHOLD  YP No

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

Date \_\_\_\_\_  
Day Month Year

Welcome to the *Growing Up in Ireland* study and thank you for helping us by filling in the questionnaires. We want to find out what it is like to be a 17-year-old in Ireland today. Your answers will help to plan things for young people like yourself.

Some of the questions are about you, your education, your family and friends, how you feel and what you like to do. If you feel that there are any questions which you do not wish to answer, then that's OK.

This is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you really think.

We will not tell anyone the answers to your questions. But if you tell us something other than in answer to direct survey questions that makes us worried about you, then we might have to tell someone who can help.

X1. Respondents' gender: Male ..... <sub>1</sub> Female ..... <sub>2</sub>

X2. Respondents' date of birth?  day  month  year

**COMPLETE HOUSEHOLD COMPOSITION ON PAPER– IF YP LIVING IN OWN HOUSEHOLD**

## SECTION A: CURRENT EDUCATION OR WORK STATUS

**A1. [CARD A1] I'd like to begin by asking which of the categories on this card best describes your main activity with regard to studying, working, training, unemployment, etc.? [TICK ONE ONLY]**

**A. In School:**

1. Still in School ..... 1

**B. In Further/Higher Education:**

2. Studying Further Education course (PLC) ..... 2

3. Studying Higher Education course (University or Institute of Technology) ..... 3

**C. In Work:**

4. In paid employment ..... 4

5. Unpaid internship ..... 5

**D. In Training:**

6. Apprenticeship ..... 6

7. On a Solas (FÁS), Fáilte Ireland, Teagasc etc. training course ..... 7

8. On a Private Training course ..... 8

9. Youth Reach ..... 9

**E. Not in school, further/higher education, work or training**

10. Unemployed ..... 10

11. Engaged in home duties ..... 11

12. Unable to work or study due to permanent disability or illness ..... 12

13. Taking a year out or travelling ..... 13

**A2. [If still in school – A1 = 1] Which year are you in?**

Fourth Year/Transition Year ..... 1

Fifth Year/Pre-Leaving ..... 2

Sixth Year/Leaving Cert. .... 3

Sixth Year/Leaving Cert (Repeat) ..... 4

Other (please specify) ..... 5

**A3a. [If not still in school – A1 > 1] When did you leave school? \_\_\_\_\_ Month \_\_\_\_\_ Year.**

**A3b. [If not still in school – A1 > 1] What was the last year you attended school?**

1st Year ..... 1

2nd Year ..... 2

3rd Year ..... 3

Fourth Year/Transition Year... 4

Fifth Year/Pre-Leaving ..... 5

Sixth Year/Leaving Cert. .... 6

Sixth Year/Leaving Cert (Repeat) . . 7

**A3c. Did you sit the Leaving Cert examinations?**

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

**A4. [If not currently in education – A1 > 3] Do you intend to return to full-time education in the next year?**

Yes ..... 1

No ..... 2

**A5. [If not in school, further/higher education, work or training – A1 > 9] [CARD A5] What is your main reason for not working or continuing in education or training at the present time?**

1. Own illness or injury ..... 1

2. Pregnancy ..... 2

3. Looking after own children or other family member(s) ..... 3

4. Arranged a job or course that starts later ..... 4

5. Made arrangements for self-employment but haven't started yet ..... 5

6. Awaiting call to work (e.g. zero hours contract) ..... 6

7. Cannot find suitable work or course ..... 7

8. Don't have necessary qualifications for preferred job or course ..... 8

9. Don't know how to go about getting a job or finding a course ..... 9

10. Don't have own transport ..... 10

11. Cannot afford alternative accommodation close to job/course ..... 11

12. Don't want to move home or be separated from loved ones ..... 12

13. Cannot find suitable childcare ..... 13

14. Prefer not to work or continue in education ..... 14

15. Other (please specify) ..... 15

**SECTION B: EXPERIENCE OF SECONDARY SCHOOL**

If still in school – A1 = 1 – ask about current school  
 If left school – A1 > 1 – ask about final year in school

**B1a. What school are you currently attending/did you last attend? Please give the full name and address of the school.**

\_\_\_\_\_

\_\_\_\_\_

**B1b. Is/was your school a boarding school?**

No ..... <sub>1</sub>

Yes and you are/were a boarder ..... <sub>2</sub>

Yes and you are/were not a boarder ..... <sub>3</sub>

**B1c. Did you sit the Junior Certificate examinations?**

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

**B1d. In what year did you sit your Junior Certificate examinations? \_\_\_\_\_**

**B1e. How many subjects in total did you sit for the Junior Certificate examinations? \_\_\_\_\_ subjects**

**B2. Of the subjects that you sat can you tell us the following:**

- (1) How many higher, ordinary and foundation level subjects you sat, and
- (2) Of these, in how many did you achieve an A,B or C; a D; or an E,F or NG?

Level	No. of subjects	No. of A,B,Cs	No. of Ds	No. of E,F,NGs
a. Higher level subjects				
b. Ordinary level subjects				
c. Foundation level subjects				

**B3. [CARD B3]**

**Can you please list the individual subjects, level and grades achieved in your Junior Certificate examinations?**

	Doing/did subject			Grade
	Foundation	Ordinary	Higher	
Irish.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
English.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Mathematics.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
History.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Geography.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
French.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
German.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Spanish.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Italian.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Art, Craft, Design.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Music (JC).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Science (JC - Revised Syllabus).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Home Economics.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Materials Technology (Wood).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Metalwork.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Technical Graphics.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Business Studies.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Typewriting.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Environmental & Soc. Studies.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Technology.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Latin.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____
Ancient Greek.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	_____

Doing/did subject	Level			Grade
	Foundation	Ordinary	Higher	
Jewish Studies.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Religious Education (JC Exam) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Civic, Social & Political Educ. (CSPE) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Physical Education (JC - Revised Syllabus) - non examinable.....	<input type="checkbox"/> 1			
Social, Personal and Health Education (SPHE) non examinable.....	<input type="checkbox"/> 1			
Classical Studies .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Religious Education - non examinable .....	<input type="checkbox"/> 1			

[The following questions are asked of those in 5<sup>th</sup>/6<sup>th</sup> year in school and those who left school after 4<sup>th</sup> year]

**B4a. Did you take Transition Year?**

Yes.....1

No.....2

**B4b. Overall, are you happy that you took Transition Year?**

- Very happy.....1
- Quite happy.....2
- Neutral.....3
- Somewhat unhappy.....4
- Very unhappy.....5

**B4c. Overall, are you happy that you did not take Transition Year?**

- Very happy.....1
- Quite happy.....2
- Neutral.....3
- Somewhat unhappy.....4
- Very unhappy.....5

**B5a. What programme are you taking at the moment/were you taking in your final year in school?**

- Regular (Established) Leaving Certificate .....1
- Leaving Certificate Applied (LCA) .....
- Leaving Certificate Vocational (LCVP) .....
- Something else (please specify).....4 **Go to B17a**

**B5b. Did you have a choice over which programme you took this year/your final year in school?**

- No, I had no choice – school only offers one programme.....1
- No, I had no choice – parents/teachers made me take this programme ..2
- Yes, I decided to take this programme .....

**B5c. Thinking about this year/ your final year in school in general, how satisfied are you with the programme you are taking/took (for example, the regular Leaving Cert, LCA, LCVP)?**

- Very Satisfied.....1
- Satisfied.....2
- Dissatisfied ....3
- Very Dissatisfied .....

**B5d. Do you plan to/did you sit the Leaving Certificate examinations?**

- Yes, I plan to sit it .....
- Yes, have sat it.....
- Yes, sat it in previous year and now repeating .....
- No, do not plan to sit/didn't sit it .....

**B5e. In what year did/will you sit your Leaving Certificate examinations? \_\_\_\_\_**  
 [If already sat Regular Leaving Certificate or Leaving Cert Vocational]

**B6. How many subjects in total did you sit for the Leaving Certificate examinations (LCVP do not include link modules)? \_\_\_\_\_ subjects**

**B7. Of the subjects that you sat can you tell us the following:**

- (1) How many higher, ordinary and foundation level subjects you sat, and
- (2) Of these, in how many did you achieve an A,B or C; a D; or an E,F or NG?

Level	No. of subjects	No. of A,B,Cs	No. of Ds	No. of E,F,NGs
a. Higher level subjects				
b. Ordinary level subjects				
c. Foundation level subjects				

**B7d. [If sat LCVP] What grade did you get in your link modules:**

	Distinction	Merit	Pass	Fail
a. Preparation for the World of Work:.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Enterprise Education:.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**B7e. How many points did you get in total in the Leaving Certificate examinations?**  
 \_\_\_\_\_ points

**B7f. [If sat LCA] What overall grade did you get in the Leaving Certificate Applied?**

Distinction	Merit	Pass	Record of Credits
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**B8. If doing Regular Leaving Cert or Leaving Cert Vocational – B5a = 1 or 3]**

**[CARD B8] Please indicate which subjects you are doing/did for the Leaving Cert, at what level (foundation, ordinary or higher) and if completed the grade you achieved.**

Doing/did subject	Level				Grade
	Foundation	Ordinary	Higher	Unsure	
Irish.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
English.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Mathematics.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
History.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Geography.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
French.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
German.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Spanish.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Italian.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Art (including crafts).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Music.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Home Economics.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Business.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Technology.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Latin.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Ancient Greek.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Hebrew Studies.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Religious Education.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Classical Studies.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Biology.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Chemistry.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Physics.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Physics and Chemistry.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Accounting.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Economics.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Applied Mathematics.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Construction Studies.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Engineering.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Design and Communication Graphics.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Agricultural Economics.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Agricultural Science.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Arabic.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Japanese.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____
Russian.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	_____

**B9. [If doing Leaving Cert Applied – B5a = 2]**

**[CARD B9] Please indicate which vocational specialisms/elective modules you take or will take in Leaving Cert Applied Course.**

**Vocational Specialisms**

- Agriculture/Horticulture.....1
- Childcare/Community Care.....2
- Graphics and Construction Studies.....3
- Craft and Design.....4
- Engineering.....5
- Hair and Beauty.....6
- Hotel, Catering and Tourism.....7
- Office Administration and Customer Care.....8
- Technology.....9
- Information and Communication Technology (follow-on to Introduction to ICT).....10
- Active Leisure Studies (follow-on to Leisure and Recreation).....11

**Elective Modules (in addition to required modules only)**

- Vocational Preparation & Guidance.....12
- Arts Education.....13
- Modern Language.....14
- Sign Language.....15
- Leisure and Recreation.....16
- Religious Education.....17
- Science.....18

**B10a. Looking back, do you have any regrets about your subject choice for the Leaving Cert?**

Yes.....1      No.....2

**B10b. How important is/was it to you to do well in your Leaving Cert exam?**

Very important.....1      Important.....2      Not very important.....3

**B11. [CARD B11] Compared to other people your age, how well would you say you do/did in tests in exams in the following subjects. Would you say: Above average; Just above average; Average; Just below average; Below average?**

	Above average	Just above average	Average	Just below average	Below average	Don't/Didn't do
a. Irish/Gaeilge.....	<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. English.....	<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. Mathematics.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

The following questions are asked of those that left school before Leaving Certificate or did not complete the Leaving Certificate examinations (A3b < 6 OR A3c = No)

**B12. What age were you when you left school? \_\_\_\_\_ (years)**

**B13. [CARD B13] What were the main factors influencing you to leave school before the Leaving Cert? [TICK ALL THAT APPLY]**

- |  |                             |  |                              |
|--|-----------------------------|--|------------------------------|
| a. Found school work difficult.....              | <input type="checkbox"/> _1 | h. Other school related factors (specify) _____  | <input type="checkbox"/> _8  |
| b. Found school work boring/not interesting .... | <input type="checkbox"/> _2 | i. Health factors (own illness/disability) ..... | <input type="checkbox"/> _9  |
| c. Didn't get on with teachers .....             | <input type="checkbox"/> _3 | j. Wanted to get a job and earn money .....      | <input type="checkbox"/> _10 |
| d. Didn't get on with other students .....       | <input type="checkbox"/> _4 | k. Other economic/job factors (specify) _____    | <input type="checkbox"/> _11 |
| e. Suspended from school .....                   | <input type="checkbox"/> _5 | l. Family factors (specify) _____                | <input type="checkbox"/> _12 |
| f. Expelled from school .....                    | <input type="checkbox"/> _6 | m. Other reasons (specify) _____                 | <input type="checkbox"/> _13 |
| g. Special educational needs .....               | <input type="checkbox"/> _7 |  |                              |

**B14a. Did any of your friends leave school at around the same time?**

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

**B14b. Have any of your brothers or sisters left school before the Leaving Cert?**

Don't have brothers or sisters .....

No, all brothers or sisters either still in school or completed the Leaving Cert .....

Yes .....

**B15. If yes, are these your older or younger siblings? [TICK ALL THAT APPLY]**

a. Older.....

b. Younger .....

c. Same age (in case of twins or triplets) .....

**B16. How likely do you think it is that you will return to full-time education in the next 5 years?**

Very likely .....\_1    Fairly likely ..... \_2    Not very likely .....\_3    Not at all likely .....\_4

**B17a. In this/your final school year, do/did you have any grinds or private tuition in any of your school subjects (excluding special educational needs support)?**

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

**B17b. Do/ did you find these grinds useful?**

Yes, a lot.....\_1    Yes, a little .....\_2    Not really...\_3

**B20. [If still in school – A1 = 1] Do you plan to take any grinds before the Leaving Certificate exam?**

Yes, definitely.....\_1  
 Yes, probably .....\_2  
 No.....\_3

**B18. Do/did you take grinds on an on-going basis throughout the year (every week/fortnight, etc)?**

Yes .....\_1    No.....\_2

**B19. Do/did you take grinds on a "block" basis e.g. at holiday times (e.g. Easter)?** Yes .....\_1    No.....\_2

**B21. Some students get extra help at school in some subjects (such as English or Maths). Have you received/did you receive any extra help within school this/your final school year?**

Yes, at the moment ..... <sub>1</sub> Yes, earlier in the year ..... <sub>2</sub> Yes, in final school year <sub>3</sub> No ..... <sub>4</sub>

**B22. What subjects do/did you get extra help in? [TICK ALL THAT APPLY]**

a. English/reading.... <sub>1</sub> b. Maths ..... <sub>2</sub> c. Irish .... <sub>3</sub> d. Other (specify) \_\_\_\_\_ <sub>3</sub>

**B23. Is/was this extra help:**

	English/reading	Maths	Irish	Other
Peer-mentoring scheme.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Individual (one-to-one) tuition .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
In a small group.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
In a large group outside your regular class.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Other, please describe .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**B24. Do/did you find this help useful?**

Yes, a lot ..... <sub>1</sub> Yes, a little ..... <sub>2</sub> Not really ..... <sub>3</sub>

**B25. Would you have liked extra help within school with any subjects?**

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

**B26. [CARD B26] Here are some views about being in secondary school. There are no right or wrong answers. For each statement please indicate whether you agree or disagree with these views**

Strongly agree    Agree    Disagree    Strongly disagree

**Attitudes to school**

a. I dislike(d) being at school. .... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>

**Attitudes to teachers**

b. I think/thought most of my teachers are/were friendly. .... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>

c. I could talk to my teachers if I had a problem. .... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>

**B27. [CARD B27] In this/your final school year, how often have the following things happened to you? Please tick ONE box on every line.**

Very often    Often    A few times    Never

a. You have been told that your work is good by a teacher. .... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>

b. You have asked questions in class. .... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>

c. A teacher has praised you for answering a question. .... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>

d. You have been given out to by a teacher because your work is untidy or not done on time. .... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>

e. You have been asked questions in class by the teacher. .... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>

f. You have been given out to by a teacher for misbehaving in class. .... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>

g. You have been praised by a teacher because your written work is well done. .... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub>

**B28. [CARD B28] In general, do you think that your second-level education has benefited you in the following ways? (Please tick one box on each line.)**

Yes, a lot    Yes, some    No help

a. In increasing your self-confidence..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

b. In helping you develop into a well-balanced person ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

c. In building good relations with friends of the opposite sex..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

d. In being able to talk and communicate well with others..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

e. In knowing how to go about finding things out for yourself ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

f. In helping you to make new friends..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

g. In knowing how to acquire a new skill ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

h. In getting involved in sports..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

i. In giving you reading and writing skills ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

j. In appreciating reading for pleasure ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

k. In preparing you for the world of work ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

l. In giving you computer skills..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

m. In preparing you for adult life..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

n. In helping you to think for yourself ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

o. In appreciating art or music ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

p. In helping you to decide what to do after you leave school ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>



**B29. [CARD B29] How well would you say you do at tests or exams compared with other people your age?**

- Above average <sub>1</sub>      Just above average <sub>2</sub>      Average <sub>3</sub>      Just below average <sub>4</sub>      Below average <sub>5</sub>

**B30. [CARD B30] How well would you say you do at sports compared with other people your age?**

- Above average <sub>1</sub>      Just above average <sub>2</sub>      Average <sub>3</sub>      Just below average <sub>4</sub>      Below average <sub>5</sub>

**SECTION C: CAREER GUIDANCE AND ATTITUDES TO FURTHER/HIGHER EDUCATION**

**C1. [CARD C1] Looking at each of the following people, whom did you consult to help you decide what to do after you leave/left school? And how important has each of them been in helping you decide?**

	Consulted	Very important	Important	Not important
a. The Guidance Counsellor – class session .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. The Guidance Counsellor – individual appointment .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Your class tutor/ year head.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Your subject teacher(s) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Your friend(s) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Your mother.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Your father.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Other family member(incl siblings) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. Someone else.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**C2. [CARD C2] In thinking about what you will (would) do after you leave school, have you done /did you do any of the following?**

	Yes	No
a. Had career talks at your school.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. Used a specialist guidance website (such as Qualifax) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. Looked at university/institute of technology/college websites .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. Looked at other internet sites .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. Gone to a university/institute of technology/college open day .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f. Talked to someone you know working in the area .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g. Had a work experience placement in the area you're interested in pursuing .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
h. Talked to a private guidance counsellor outside school .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
i. Other (please specify) _____ .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

[Rest of Section C only asked if Young Person is still in school: A1 = 1]

**C3. [CARD C3] What do you think you are most likely to do when you leave school? [TICK ONE ONLY]**

**A. School:**

Repeat the Leaving Certificate ..... <sub>1</sub>

**B. Further/Higher Education:**

Further Education course (PLC) ..... <sub>2</sub>

Higher Education course (University or Institute of Technology) ..... <sub>3</sub>

**C. In Work:**

Get a full-time job ..... <sub>4</sub>

Get an unpaid internship ..... <sub>5</sub>

**D. In Training:**

Apprenticeship..... <sub>6</sub>

Solas (FÁS), Fáilte Ireland, Teagasc etc. training course..... <sub>7</sub>

Private Training Course ..... <sub>8</sub>

Youth Reach..... <sub>9</sub>

**E. Not in school, further/higher education, work or training**

Take a 'year out' before going to college ..... <sub>10</sub>

**F. Other**

Apply to join the defence forces ..... <sub>11</sub>

Apply to join the police/Gardaí..... <sub>12</sub>

Other (please explain) \_\_\_\_\_ ..... <sub>13</sub>

**C4a. [If yes to further/higher education – C3 = 2 or 3] Have you decided what course or subject you would like to study at university/college/institute of technology?**

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

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

**C4b. What is your first preference course?**

OPEN ENDED \_\_\_\_\_

**C4c. Where do you plan on doing the course (which institution)?**

OPEN ENDED \_\_\_\_\_

**C5. [CARD C5] To what extent, have/did the following considerations influence your (first) choice of third-level institution?**

Very important      Fairly important      Not very important      Not at all important

- |   |                                       |                                       |                                       |                                       |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. [The institution] offered the subject/course I wanted to do .....      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| b. Would allow me to live at home .....                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| c. There were good transport links between it and home.....               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| d. I wanted to live in a new city/country .....                           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| e. My friend(s) were going there .....                                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| f. My family members were going or went there .....                       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| g. It had a good reputation .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| h. My parents encouraged me to go there.....                              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| i. My teacher or guidance counsellor recommended it.....                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| j. I felt the size of it (in terms of student numbers) would suit 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> |
| k. Something else (please specify) .....                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

**C6a. Are you finding it difficult to decide?**

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

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

**C6b. [CARD C6b] Why are you finding it difficult to decide?**

1. Don't know what to do yet .....  <sub>1</sub>
2. Don't know what I will be able to get into.....  <sub>2</sub>
3. Don't understand the options available to me/options too confusing .....  <sub>3</sub>

**C7a. [If yes to training course – C3 = 6 or 7 or 8] Have you decided what trade or subject you would like to do during your apprenticeship/training course?**

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

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

**C7b. What is it?**

OPEN ENDED \_\_\_\_\_

**C7c. Where (or with whom) do you plan on doing the course or apprenticeship?**

OPEN ENDED \_\_\_\_\_

**C8a. [If yes to applying to join defence forces – C3 = 11] Which branch of the defence forces do you plan to apply to?**

Army.....  <sub>1</sub>

Air Corps.....  <sub>2</sub>

Naval Service .....  <sub>3</sub>

Haven't decided .....  <sub>4</sub>

**C8b. [If applying to defence forces or police/Gardaí – C3 = 11 or 12] Will this be with the Irish force(s) or somewhere else?**

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

Somewhere else (please specify) .....  <sub>2</sub>

**C9. Have you applied/will you apply for a place in further or higher education in Ireland and/or elsewhere?**

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

**C10. [CARD C10] Which type of course(s) did/will you apply for? [TICK ALL THAT APPLY]**

- |  |  |
|--|--|
| a. Honours Bachelor Degree (NFQ Level 8) ..... <input type="checkbox"/> <sub>1</sub>   | d. Post-Leaving Cert Course (NFQ Level 5/6) ..... <input type="checkbox"/> <sub>4</sub>    |
| b. Ordinary Bachelor Degree (NFQ Level 7) ..... <input type="checkbox"/> <sub>2</sub>  | e. University outside the Republic of Ireland ..... <input type="checkbox"/> <sub>5</sub>  |
| c. Higher Certificate Course (NFQ Level 6) ..... <input type="checkbox"/> <sub>3</sub> | f. Further education outside the Republic of Ireland <input type="checkbox"/> <sub>6</sub> |

**C11a. May we have permission to link to the CAO database?**

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

Interviewer: *If yes – please make sure to get CAO consent form signed*

**C11b. When was/will this application be made? \_\_\_\_\_ year**

**[If still in school and not planning further/higher education – C3 = 4, 5, 6, 7, 8, 9, 11, 12 or 13]**

**C12. How likely do you think it is that you will return to full-time education in the next 5 years?**

- Very likely .....  <sub>1</sub>  
 Fairly likely .....  <sub>2</sub>  
 Not very likely .....  <sub>3</sub>  
 Not at all likely .....  <sub>4</sub>

**C13. [CARD C13] Here are some things that young people have said about University/Institutes of Technology and Higher Education. Please say how much you agree or disagree with each of these.**

- |   | Strongly agree | Agree | Disagree | Strongly disagree |
|---|----------------|-------|----------|-------------------|
| a. I don't need to have a University/Institute of Technology degree to get the kind of job I want to do ..... <input type="checkbox"/> <sub>1</sub> ..... <input type="checkbox"/> <sub>2</sub> ..... <input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub> |                |       |          |                   |
| b. Most of my friends are planning to go to University/Institutes of Technology ..... <input type="checkbox"/> <sub>1</sub> ..... <input type="checkbox"/> <sub>2</sub> ..... <input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub>                         |                |       |          |                   |
| c. People like me don't go to University/Institutes of Technology ..... <input type="checkbox"/> <sub>1</sub> ..... <input type="checkbox"/> <sub>2</sub> ..... <input type="checkbox"/> <sub>3</sub> ..... <input type="checkbox"/> <sub>4</sub>                                       |                |       |          |                   |

**C14. Have the financial aspects of going to University/Institutes of Technology, that is the costs of fees and living expenses, ever made you think about NOT applying?**

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

**C15. [CARD C15] Which, if any, of the following financial aspects of going to university are you concerned about? [TICK ALL THAT APPLY]**

- a. Level of tuition fees/registration fee .....  <sub>1</sub>  
 b. Living costs (rent, food, travel, etc) .....  <sub>2</sub>  
 c. Having to borrow money/get into debt .....  <sub>3</sub>  
 d. Having to rely on parents for money .....  <sub>4</sub>  
 e. Something else (please specify) \_\_\_\_\_ ...  <sub>5</sub>  
 f. None of these .....  <sub>6</sub>

**SECTION D: INVOLVEMENT IN POST-SCHOOL EDUCATION AND TRAINING**

[Section D asked only of those who have left school – A1 > 1]

**D1. Did you ever apply for a place in further/higher education in Ireland and/or elsewhere?**

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

**D2. [CARD D2] Which type of course(s) did/will you apply for? [TICK ALL THAT APPLY]**

- a. Honours Bachelor Degree (NFQ Level 8) .....  <sub>1</sub>
- b. Ordinary Bachelor Degree (NFQ Level 7) .....  <sub>2</sub>
- c. Higher Certificate Course (NFQ Level 6) .....  <sub>3</sub>
- d. Post-Leaving Cert Course (NFQ Level 5/6) ) .....  <sub>4</sub>
- e. University outside the Republic of Ireland.....  <sub>5</sub>
- f. Further education outside the Republic of Ireland.....  <sub>6</sub>

**D3a. May we have permission to link to the CAO database?**

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

Interviewer: *If yes – please make sure to get CAO consent form signed*

**D3b. When was/will this application be made? \_\_\_\_\_ year**

**D4. Were you offered a place on a further/higher education course?**

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

**D5. [CARD D5] Which of the following were you offered? [TICK ALL THAT APPLY]**

- a. Honours Bachelor Degree (NFQ Level 8) ...  <sub>1</sub>
- b. Ordinary Bachelor Degree (NFQ Level 7) ...  <sub>2</sub>
- c. Higher Certificate Course (NFQ Level 6) ....  <sub>3</sub>
- d. Post-Leaving Cert Course (NFQ Level 5/6) ) .....  <sub>4</sub>
- e. University outside the Republic of Ireland .....  <sub>5</sub>
- f. Further education outside the Republic of Ireland ..  <sub>6</sub>

**D6. Did you accept any offer?**

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

**D7. [CARD D7] Which of the following did you accept?**

- Honours Bachelor Degree (NFQ Level 8) .....  <sub>1</sub>
- Ordinary Bachelor Degree (NFQ Level 7) .....  <sub>2</sub>
- Higher Certificate Course (NFQ Level 6) .....  <sub>2</sub>
- Post-Leaving Cert Course (NFQ Level 5/6) .....  <sub>4</sub>
- University outside the Republic of Ireland.....  <sub>5</sub>
- Further education outside the Republic of Ireland ....  <sub>6</sub>

**D8. [CARD D8] What was the main reason you did not accept offer?**

- Wasn't interested or didn't think it was for me.....  <sub>1</sub>
- Did not get my preferred course.....  <sub>2</sub>
- Did not get location of choice .....  <sub>3</sub>
- Wanted to earn money straight away.....  <sub>4</sub>
- Felt I couldn't afford it/ too expensive.....  <sub>5</sub>
- Wanted to travel/have gap year/take time out.....  <sub>6</sub>
- Wanted to do other education/training instead.....  <sub>7</sub>
- Wanted to repeat my Leaving Certificate .....  <sub>8</sub>
- My family didn't encourage me to.....  <sub>9</sub>
- Other (please specify) \_\_\_\_\_ .....  <sub>10</sub>

**D9. [CARD D9] Why did you not apply for a place in further/higher education? [TICK ALL THAT APPLY]**

- a. Wasn't interested or didn't think it was for me.....  <sub>1</sub>
- b. Couldn't decide which course to apply for.....  <sub>2</sub>
- c. Didn't think I would get the grades .....  <sub>3</sub>
- d. Wanted to earn money straight away.....  <sub>4</sub>
- e. Felt I couldn't afford it/ too expensive.....  <sub>5</sub>
- f. Wanted to travel/have gap year/take time out .....  <sub>6</sub>
- g. Wanted to do other education/training instead ....  <sub>7</sub>
- h. My family didn't encourage me to .....  <sub>8</sub>
- i. My school/teachers didn't encourage me to .....  <sub>9</sub>
- j. Other (please specify) \_\_\_\_\_ .....  <sub>10</sub>

**D10 [CARD D10] Since leaving school, did you participate in any of the following on a full- or part-time basis – even if you did not complete the course or are still actively pursuing it [TICK ALL THAT APPLY]**

- a. Postgraduate course (NFQ Level 9) ..... 1
- b. Honours Bachelor Degree (NFQ Level 8) ..... 2
- c. Ordinary Bachelor Degree (NFQ Level 7) ..... 3
- d. Higher Certificate Course (NFQ Level 6) ..... 4
- e. Post-Leaving Cert Course (NFQ Level 5/6) ... 5
- f. Certificate Course (NFQ Level 5) ..... 6
- g. Certificate Course (NFQ Level 4) ..... 7
- h. Apprenticeship ..... 8
- i. Solas (FÁS), Fáilte Ireland, Teagasc etc. training course.. 9
- j. Private Training Course ..... 10
- k. Youth Reach..... 11
- l. Other, please specify \_\_\_\_\_ ..... 12
- m. None of the above **[GO TO D19]** ..... 13

**If you have taken more than one course or apprenticeship, please answer the following questions in relation to the most recent course or apprenticeship: [IF D10 < 13]**

**D11a. Please give the name and address of the college or institution you are attending [attended] and/or business where you are doing/did your apprenticeship/training:**

\_\_\_\_\_ (open ended)

**D11b. Please give the name of the course or apprenticeship you are following (followed) (e.g. Level 5 Certificate in Business Studies; Level 6 Higher Certificate in Mechanical Engineering; Level 6 Advanced Certificate Craft in Plumbing; Level 8 Bachelor of Arts Honours in History and English):**

\_\_\_\_\_ (open ended)

**D11c. Date Course Started:** Month \_\_\_\_\_ Year \_\_\_\_\_

**D11d. Expected total duration of course from beginning to end:** \_\_\_\_\_ Months \_\_\_\_\_ Years

**D12. Are you receiving (did you receive) any type of:**

- a. a grant to cover registration fees? Yes ..... 1 No..... 2
- b. a grant to cover maintenance? Yes ..... 1 No..... 2
- c. a scholarship? Yes ..... 1 No..... 2

**D13. [CARD D13] How do/did you fund your studies/training? [TICK ALL THAT APPLY]**

- a. Money from your family ..... 1
- b. Indirect support from your family (e.g. food, accommodation) 2
- c. Earnings from employment ..... 3
- d. A State grant ..... 4
- e. Social welfare payment (e.g. Back to Education Allowance) . 5
- f. A bank loan..... 6
- g. Savings ..... 7
- h. Employer assistance ..... 8
- i. Other, please specify \_\_\_\_\_ ..... 9

**D14. Are you still on this course, did you complete it or did you leave before completion?**

Still on course..... 1 Completed course ..... 2 Left before completion ..... 3

**D15. [CARD D15] Why did you leave? (Tick all that apply (D15) and choose one as the main reason(D16))**

- |  | D15. All reasons            | D16. Main reason            |
|--|-----------------------------|-----------------------------|
| a. The course was not what I expected.....                   | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  |
| b. I did not like going to college .....                     | <input type="checkbox"/> 2  | <input type="checkbox"/> 2  |
| c. I failed my exams .....                                   | <input type="checkbox"/> 3  | <input type="checkbox"/> 3  |
| d. I/my family were experiencing financial difficulties..... | <input type="checkbox"/> 4  | <input type="checkbox"/> 4  |
| e. It was too far to travel .....                            | <input type="checkbox"/> 5  | <input type="checkbox"/> 5  |
| f. I got a full-time job .....                               | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  |
| g. Physical health difficulties .....                        | <input type="checkbox"/> 7  | <input type="checkbox"/> 7  |
| h. Mental health difficulties .....                          | <input type="checkbox"/> 8  | <input type="checkbox"/> 8  |
| i. Family difficulties .....                                 | <input type="checkbox"/> 9  | <input type="checkbox"/> 9  |
| j. Personal difficulties .....                               | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |
| k. Other, please specify _____ .....                         | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 |

**D17. [CARD D17] To what extent, have/did the following considerations influence your (first) choice of post-school education or training institution?**

	Very important	Fairly important	Not very important	Not at all important
a. [The institution] offered the subject/course I wanted to do.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Would allow me to live at home.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. There were good transport links between it and home .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I wanted to live in a new city/country.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. My friend(s) were going there.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. My family members were going or went there .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. It had a good reputation .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. My parents encouraged me to go there .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. My teacher or guidance counsellor recommended it .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. I felt the size of it (in terms of student numbers) would suit me .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Something else (please specify) _____ .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**D18a. Do you have any particular special educational need or disability that affects/affected your learning while at post-school education or training (other than 'exceptionally able' or 'gifted')?**

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

**D18b. Do you receive any extra educational supports?**

Yes ..... 1 No ..... 2 No longer required ..... 3

**D18c. What form does this support take?**

\_\_\_\_\_ (OPEN ENDED)

**D18d. Do you find this support useful?**

Yes, a lot ..... 1 Yes, a little ..... 2 Not really ..... 3

**D18e. [If you do not get any extra support – D8b = 2] Would you like to receive extra educational supports?**

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

The following questions are asked of those that have not participated in any Higher Education [IF D10 < 4]

**D19. [CARD D19] Here are some things that young people have said about University/Institutes of Technology and Higher Education. Please say how much you agree or disagree with each of these.**

	Strongly agree	Agree	Disagree	Strongly disagree
a. I don't need to have a University/Institute of Technology degree to get the kind of job I want to do.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Most of my friends are planning to go to University/Institutes of Technology.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. People like me don't go to University/Institutes of Technology .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**D20. Have the financial aspects of going to University/Institutes of Technology, that is the costs of fees and living expenses, ever made you think about NOT applying?**

Yes, to a great extent ..... 1 Yes, to some extent ..... 2 No ..... 3

**D21. [CARD D21] Which, if any, of the following financial aspects of going to university are you concerned about? [TICK ALL THAT APPLY]**

a. Level of tuition fees/registration fee ..... 1  
 b. Living costs (rent, food, travel, etc) ..... 2  
 c. Having to borrow money/get into debt ..... 3  
 d. Having to rely on parents for money ..... 4  
 e. Something else (please specify) \_\_\_\_\_ ... 5  
 f. None of these ..... 6

## SECTION E: PARENTAL ENGAGEMENT IN EDUCATION

If in further/higher education – A1 = 2 or 3, ask in relation to further/higher education  
 If in school – A1 = 1 ask in relation to current situation in school  
 If not in school or further/higher education – A1 > 3 ask in relation to final year in school

**E1. [CARD E1] In this/your final school or college year, how often have/did your parent(s): [Please tick ONE box on each line.]**

	Never or hardly ever	A few times a year	About once a month	Several times a month	Several times a week
a. Discussed how you are getting on with different subjects at school/college? .....	<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. Asked how you are/were coping with the amount of work (course-work etc) for your courses? .....	<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. Asked how you are/were getting on with your teachers/lecturers? .....	<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. Discussed your plans for the future? .....	<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. Asked how you are/were getting on with friends? .....	<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. Discussed how you did in tests or exams? .....	<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>

**E2. Do/did you ever receive help from your parents or brothers and sisters with homework or study?**

Yes, often ..... <sub>1</sub>      Yes, sometimes ..... <sub>2</sub>      No ..... <sub>3</sub>

**E3. Do/did you ever receive help from your friends with homework or study?**

Yes, often ..... <sub>1</sub>      Yes, sometimes ..... <sub>2</sub>      No ..... <sub>3</sub>

## SECTION F: PART-TIME WORK WHILE IN EDUCATION

If in further/higher education – A1 = 2 or 3, ask in relation to further/higher education  
 If in school – A1 = 1 ask in relation to current situation in school  
 If not in school or further/higher education – A1 > 3 ask in relation to final year in school

**F1. (Do/Did) you ever do any work in a part-time *paid* job in term-time while you are/were attending school or college, even if it is/was only for an hour or two now and then? Please don't include jobs you only (do/did) during the school holidays or voluntary work**

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

**F2. How many hours on average (do/did) you usually work per week in this job (or jobs) during term-time? Please include any hours you (work/worked) during the week or at the weekend during term-time. (Number of hours – ask for average week if irregular) \_\_\_\_\_**

**F3. How much money (do/did) you earn on average each week through part-time work during term-time? (Enter number of euro. If respondent does not get paid enter '0'.) \_\_\_\_\_**

**F4. Can you briefly describe the job – or the most recent job if you did more than one? \_\_\_\_\_**

**F5. Do you ever do any work for a business owned or run by a member of your family? This includes *any* work, whether paid or unpaid.**

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

**F6. During this/your final school year (have you had/ did you have) a short term work experience placement, as part of your school curriculum? That is a time when you spent a few days getting experience of what it's like to be at work for example in a local business, office or factory.**

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

## SECTION G: ATTITUDES TO WORK

**G1. [If not currently working – A1 not 4 or 5]** Looking to the future when you have finished your education, we would like to know what job you would like to have.

**G1a.** If you had your choice, what job would you really like to get?

---

**G1b.** What job do you expect to get (if different from ideal choice)?

---

**G2. [CARD G2]** Here are some factors a person might consider when choosing a job. Please choose the three most important things for you personally. **[TICK THREE ONLY]**

- a. High income..... 1
- b. A job that offered good training opportunities ..... 2
- c. An interesting job..... 3
- d. Flexible working hours..... 4
- e. Generous holidays/time off..... 5
- f. A good step on the career ladder ..... 6
- g. Be your own boss ..... 7
- h. A job that is useful to society or helps other people..... 8
- i. Job security ..... 9
- j. Opportunity to travel/work abroad ..... 10
- k. Other (please specify)\_\_\_\_\_ ..... 11

**G3. [CARD G3]** On this card are some statements about how people feel toward their life circumstances. Please use the scale provided to indicate how you feel in terms of each statement.

- |  | Entirely<br>true           | True for the<br>most part  | Somewhat<br>true           | A little<br>true           | Not at all<br>true         |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. You consider yourself to be an adult.....     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. You feel respected by others as an adult..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. You feel that you have matured fully.....     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**G4. [CARD G4]** How important to you are each of the categories for life in general? Please rate them on a scale of 1 to 6 where 1 = 'not important at all and 6 = 'very important'.

- |    |                            |                            |                            |                            |                            |                            |
|----|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. | <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. | <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. | <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. | <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. | <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. | <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. | <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. | <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. | <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. | <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. | <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. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

**G5. [CARD G5]** Looking at the statements listed on this card, please tell me how much you agree or disagree with each statement?

- |    |                            |                            |                            |                            |
|----|----------------------------|----------------------------|----------------------------|----------------------------|
| a. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |



**G6. [CARD G6] Please look at this card and tell me, for each item listed, how much you agree or disagree with each statement.**

a. .... 1 ..... 2 ..... 3 ..... 4

b. .... 1 ..... 2 ..... 3 ..... 4

c. .... 1 ..... 2 ..... 3 ..... 4

d. .... 1 ..... 2 ..... 3 ..... 4

e. .... 1 ..... 2 ..... 3 ..... 4

f. .... 1 ..... 2 ..... 3 ..... 4

**G7. [CARD G7] Listed on this card are a number of personality traits that may or may not apply to you. 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 you, even if one characteristic applies more strongly than the other.**

**I see myself as:**

	Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
a. 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
b. 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
c. 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
d. 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
e. 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
f. 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
g. 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
h. 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
i. 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
j. 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

**SECTION H: WORK HISTORY**

[Section H asked only of those who have left education – A1 > 3]

**H1. Did you hold a job last week, even for a short time?**

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

**H2. Have you ever had a paid job since leaving school (other than summer work or part-time employment while at school)?**

Yes ..... 1                      No ..... 2 **[GO TO SECTION J]**

**H3a. [CARD H3a] In relation to the current/most recent job you hold/held, how would you describe it?**

Regular, full-time ..... 1  
 Temporary, full-time ..... 2  
 Regular, part-time ..... 3  
 Temporary, part-time ..... 4  
 Zero hour contract ..... 5

**H3b. When did you take up the current/most recent job you held/hold?**

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

**H3c. Are you still working?**    Yes ..... 1                      No ..... 2

**H3d If no longer working, when did this most recent job end?**

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

*Following questions refer to current or most recent job noted in Q3a-c*

**H4. In relation to this job, please give the name and a full description of the work done. (If farmer or relative assisting, give acreage. Be sure to describe job exactly. If relevant give rank e.g. Civil Service, Gardai, Army etc)**

H5. [CARD H5] In this job are/were you:

- Employee ..... <sub>1</sub>
- Self-employed without paid employees ..... <sub>2</sub>
- Self-employed with paid employees ... ..... <sub>3</sub>
- Assisting a relative (not receiving a fixed salary or wage) ..... <sub>4</sub>

H6. What is/was the usual number of hours (per week) you work/ed in this job?

Number of hours \_\_\_\_\_

H7. In relation to the current or most recent job held, how much do/did you earn per week? (to nearest €)

a. Gross (Before Deductions)

b. Net (take-home pay)

€ \_\_\_\_\_

€ \_\_\_\_\_

H8a. Have you ever been unemployed since leaving school?

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

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

H8b. How many times were you unemployed or experienced spells of unemployment?

\_\_\_\_\_ number of periods of unemployment

H8c. How long in total would you say you were unemployed? Please answer in weeks

\_\_\_\_\_ weeks

H9. How many different jobs or periods of employment have you had (i.e. where you have changed employer or have had a period of unemployment between jobs – do not count changes of role or promotion with the same employer if there was no break of employment in between)?

\_\_\_\_\_ number of jobs

H10. Generally speaking, on a scale of 1 to 10, how well do/did you like your job – where a '1' indicates 'not at all' and '10' indicates 'very much.'

- |                                       |                                       |                                       |                                       |                                       |                                       |                                       |                                       |                                       |  |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 1                                     | 2                                     | 3                                     | 4                                     | 5                                     | 6                                     | 7                                     | 8                                     | 9                                     | 10.                                    |
| Not at all                            |                                       |                                       |                                       |                                       |                                       |                                       |                                       |                                       | Very much                              |
| <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> | <input type="checkbox"/> <sub>8</sub> | <input type="checkbox"/> <sub>9</sub> | <input type="checkbox"/> <sub>10</sub> |

### **SECTION J: ACTIVITIES**

J1. [CARD J1] In the past year, have you taken part in any of the following activities? [TICK ALL THAT APPLY]

- a. Sports clubs/teams ..... <sub>1</sub>
- b. School/student councils ..... <sub>2</sub>
- c. Breakfast club or after school club ..... <sub>3</sub>
- d. Computer clubs/groups ..... <sub>4</sub>
- e. Art, drama, dance or music clubs/groups/rehearsals ..... <sub>5</sub>
- f. Religious groups or organisations ..... <sub>6</sub>
- g. Youth clubs where you can hang out with other people ..... <sub>7</sub>
- h. Games/hobbies clubs ..... <sub>8</sub>
- i. Other, please specify: \_\_\_\_\_ ..... <sub>9</sub>

J2. Do you receive regular pocket-money or an allowance from a parent or other relative? Do not include money you earn from a part-time or full-time job.

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

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

J3. [CARD J3] From whom do you receive this pocket-money or allowance? [TICK ALL THAT APPLY]

- a. Resident parent(s) or step-parent(s) ..... <sub>1</sub>
- b. Non-resident parent ..... <sub>2</sub>
- c. Grandparent(s) ..... <sub>3</sub>
- d. Your partner ..... <sub>4</sub>
- e. Another relative (please specify) \_\_\_\_\_ ..... <sub>5</sub>

**J4. Thinking about all the money you receive in pocket-money or an allowance, how much would you say you receive in a typical month in total?**

€ \_\_\_\_\_ (amount per month)

**J5a. Are you personally in receipt of any social welfare payments?**

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

**J5b. What payments are these?**

\_\_\_\_\_ (OPEN ENDED)

**J5c. Thinking about all the social welfare payments you receive, how much would you say you get in a typical month in total?**

€ \_\_\_\_\_ (amount per month)

**J6. [CARD J6] Which of these other activities do you regularly do for fun or to relax? For each that you do, please indicate how often you do that type of activity.**

	Do it?		[if yes] Several times a week					Weekly					Fortnightly					Monthly					Less often than monthly				
	Yes	No																									
a. Reading for pleasure .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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. Listening to music.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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. Singing or playing an instrument	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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. Going to the cinema .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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. Craftwork/hobbies .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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. Surfing the internet .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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. Gardening or farming (for pleasure, not chores) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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. Spending time with pets .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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. Playing sport (with others) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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. Playing individual sport (e.g. horse riding, cycling, etc) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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. Going to the gym, running, etc ...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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. Beauty, hair or spa treatments ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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. Attending sports events.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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. Hanging out with friends .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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. Going to parties or other social events (in people's homes) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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>
p. Going to clubs, pubs, etc.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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>
q. Other (please specify) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<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>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>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>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>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>

**J7. Do you have a full or provisional driving licence for any of the following vehicle types?**

	Full			Provisional			None		
a. Car/van .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Scooter/moped/motorcycle.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Tractor .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**SECTION K: CITIZENSHIP, IDENTITY AND CIVIC PARTICIPATION**

**K1. [CARD K1] Generally speaking, would you say that most people can be trusted? Please give your answer on a scale of 1 to 10, where 1 means that “you can’t be too careful in dealing with people” and 10 means that “most people can be trusted”?**

1	2	3	4	5	6	7	8	9	10.
You can't be too careful									Most people can be trusted
<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

**K2. [CARD K2] Please look at this card and tell me, for each item listed, how much confidence do you have in them, is it a great deal, quite a lot, not very much or none at all?**

	A great deal	Quite a lot	Not very much	None at all
a. The church .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. The education system .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. The police/Gardaí .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. The social welfare system .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. The health care system .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Politicians .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. The courts system .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**K3a. Do you currently, or have you in the past year, regularly volunteer(ed) with any organisation?**

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

**K3b. Please describe the nature of this volunteer work – who with, what you do/did with them, etc.**  
 \_\_\_\_\_

**K3c. On average, how many hours per month do/did you spend doing voluntary work?**  
 \_\_\_\_\_ hours per month

**K4a. Do you have a social media profile or account on any sites or apps? Yes..... 1 No..... 2**

**K4b. Did you ever have one? Yes..... 1 No..... 2**

**4c. Why do you no longer have one? \_\_\_\_\_**

**K4d. [If has a social media profile at 4a] Thinking about your main social media site or app, do you know if this profile can be seen by other people? [TICK ONE ONLY]**

It can only be seen by my friends and no-one else ..... 1  
 It can only be seen by my friends and their friends ..... 2  
 It can be seen by anyone..... 3  
 Nobody can see it ..... 4  
 Don't know ..... 5

**K5a. Do you belong to any religion?**

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

**K5b. [CARD K5b] Which religion?**

Christian – no denomination .....	<input type="checkbox"/> 1	Jewish .....	<input type="checkbox"/> 5
Roman Catholic.....	<input type="checkbox"/> 2	Muslim .....	<input type="checkbox"/> 6
Anglican/Church of Ireland/Episcopalian .....	<input type="checkbox"/> 3	Other (please specify) _____	<input type="checkbox"/> 7
Other Protestant .....	<input type="checkbox"/> 4		

**K5c. [CARD K5c] How often do you attend religious services?**

More than once per week..... 1  
 Weekly..... 2  
 Monthly..... 3  
 Usually only on special occasions such as weddings, religious festivals .... 4  
 I rarely or never attend ..... 5  
 Attending services is not applicable to my religion ..... 6  
 Other (please specify) \_\_\_\_\_ ..... 7

**K6. In general, would you describe yourself as a spiritual person (even if you do not belong to a religion)?**

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>

**K7a. Are you a citizen of Ireland?**                      Yes ..... <sub>1</sub>    No ..... <sub>2</sub>

**K7b. What citizenship do you hold?** \_\_\_\_\_

**SECTION L: NEIGHBOURHOOD**

**L1. How long have you lived in your local area?** \_\_\_\_\_ years \_\_\_\_\_ months

**L2a. [CARD L2a] How likely do you think it is that you will still be living in Ireland in five years' time?**

Very likely/almost certain to be living in Ireland    Probably living in Ireland    Possibly living in Ireland but also possibly living abroad    Very likely/almost certain to be living abroad

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

**L2b. [CARD L2b] If it is possible or very likely you will not be resident in Ireland in five years' time, why do you think so? [TICK ONE ONLY]**

- Family are emigrating ..... <sub>1</sub>
- To pursue an education course abroad ..... <sub>2</sub>
- To get a job/economic reasons ..... <sub>3</sub>
- I want to travel/see the world ..... <sub>4</sub>
- I want to improve my foreign language skills ..... <sub>5</sub>
- Other (please specify) \_\_\_\_\_ ..... <sub>6</sub>

**L3. [CARD L3] 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
a. Rubbish and litter lying about .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Homes and gardens in bad condition .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Vandalism and deliberate damage to property .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. People being drunk or taking drugs in public .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**L4. [CARD L4] To what extent do you agree or disagree with these statements?**

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. This is a safe area .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. There are places in this area where teenagers can safely hang out .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. There are facilities such as youth clubs, swimming clubs, sports clubs for teenagers in this area. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. I have lots of family/friends living in this area .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**SECTION M: YOUNG PERSON'S HEALTH**

**M1. [CARD M1] 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>

**M2. Do you have any on-going chronic physical or mental health problem, illness or disability?**

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

**M3. 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. **If multiple, record most severe problem first**]

\_\_\_\_\_

\_\_\_\_\_

**If multiple health problems, answer the following in respect of first problem listed at M3**

**M4a. Has this problem, illness or disability been diagnosed by a medical professional?**

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

**M4b. Have you been prescribed medication for this problem? Please describe as fully as possible.**

\_\_\_\_\_

\_\_\_\_\_

**M5. Since when have you had this problem, illness or disability? \_\_\_\_\_(mth) \_\_\_\_\_(year)**

**M6. Are you hampered in your daily activities by this problem, illness or disability?**

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

**M7. How many nights have you spent in hospital in total in the last 12 months, from illness or injury?**

[INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] \_\_\_\_\_ visits

**M8. [CARD M8] In the last 12 months, how many times have you seen or consulted, or talked on the phone with any of the following about your 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"/> _3	<input type="checkbox"/> _4
b. A practice nurse .....	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
c. Another medical doctor e.g. in a hospital .....	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
d. Other professional, psychologist, psychiatrist, counsellor, etc .	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
e. Accident & Emergency.....	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
f. A social worker .....	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
g. Alternative therapists .....	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
h. Health helplines (for physical or mental health issues) .....	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
i. Other (please specify) _____	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4

**M9. Have you experienced any of the following since we last saw you when you were 13**

**[TICK ALL THAT APPLY]:**

- a. Moving house within Ireland.....\_1
- b. Moving country (for 6 months or more) .....\_2
- c. Serious illness/injury.....\_3
- d. Serious illness/injury of a family member.....\_4
- e. Serious illness/injury of a friend.....\_5
- f. Your house being broken into .....\_6
- g. New child in home.....\_7
- h. Changed school .....\_8
- i. None of the above.....\_9

## SECTION N: DIET, EXERCISE AND SLEEP

**N1. [CARD N1] Now I would like to ask you some questions about what you eat. Looking at Card N1, in the last 24 hours have you had the following foods and drinks once, more than once, or not at all?**

	Once	More than Once	Not At All
a. Fresh fruit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Fruit juice .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Meat / Chicken / Fish.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Eggs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Cooked vegetables .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Raw vegetables or salad .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Meat pie, hamburger, hot dog, sausage or sausage roll.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Hot chips or French fries .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Crisps or savoury snacks .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Bread .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Potatoes/ Pasta/ Rice .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Cereals .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Biscuits, doughnuts, cake, pie or chocolate .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. Cheese/yoghurt/ fromage frais .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. Low fat Cheese/ low fat yoghurt .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
p. Water (tap water / still water/ sparkling water) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
q. Soft drinks / minerals / cordial / squash (not diet) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
r. Soft drinks / minerals / cordial / squash (diet) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
s. Full cream milk or full cream milk products .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
t. Skimmed milk or skimmed milk products .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**N2. How many cups of tea or coffee do you drink in a typical day? \_\_\_\_\_ no. of cups**

OR 1 don't drink tea/coffee

**N3. How many days per week do you eat breakfast? \_\_\_\_\_ [no. of days 0 - 7]**

**N4. How often would you eat out in a restaurant/café or get a take-away (include breakfast and lunch as well as dinner)?**

Several times a week.....	<input type="checkbox"/> 1
About once a week .....	<input type="checkbox"/> 2
Once or twice a month.....	<input type="checkbox"/> 3
Less often than once a month .....	<input type="checkbox"/> 4
Rarely/never.....	<input type="checkbox"/> 5

**N5. Do you follow any of the following kinds of vegetarian diet? [TICK ONE ONLY]**

Vegetarian (no meat or fish but eat dairy and/or eggs) .....	<input type="checkbox"/> 1
Vegan (no animal products at all) .....	<input type="checkbox"/> 2
Pescatarian (eat fish but not meat) .....	<input type="checkbox"/> 3
No.....	<input type="checkbox"/> 4

**N6. [CARD N6] Do you use any of the following supplements?**

	Yes	No
a. Multi-vitamins.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Individual vitamins or minerals (please specify) _____ .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Omega 3.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Fish oil .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Protein shakes/powders/bars .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Creatine .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Non-prescribed steroids .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Supplements to block fat or carbohydrate absorption.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Something else (please specify) _____ .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**N7. How many times in the past 14 days have you done at least 20 minutes of exercise hard enough to make you breathe fast and make your heart beat faster? (Hard exercise includes, for example, playing football, jogging, fast cycling). Include time spent in physical education class. [TICK ONE BOX ONLY]**

None .....<sub>1</sub>    1 to 2 days .....<sub>2</sub>    3 to 5 days .....<sub>3</sub>    6 to 8 days.....<sub>4</sub>    9 or more days.....<sub>5</sub>

**N8. How many times in the past 14 days have you done at least 20 minutes of light exercise that was not hard enough to make you breathe heavily and make your heart beat fast? (Light exercise includes walking or slow cycling). Include time spent in physical education class. [TICK ONE BOX ONLY]**

None .....<sub>1</sub>    1 to 2 days .....<sub>2</sub>    3 to 5 days .....<sub>3</sub>    6 to 8 days.....<sub>4</sub>    9 or more days.....<sub>5</sub>

**N9. [CARD N9] On a nice warm day, how much time do you typically spend outside during the daylight hours, “without a roof over your head”?**

Think of your commute, places you regularly walk or cycle to, lunch breaks, sports and other activities you may be involved in.

**a. On weekdays when you would be at school or work:**

0-15 minutes    15-30 minutes    30-60 minutes    1-2 hours    2-4 hours    over 4 hours  
<sub>1</sub>                    <sub>2</sub>                    <sub>3</sub>                    <sub>4</sub>                    <sub>5</sub>                    <sub>6</sub>

**b. On days that you are off:**

0-15 minutes    15-30 minutes    30-60 minutes    1-2 hours    2-4 hours    over 4 hours  
<sub>1</sub>                    <sub>2</sub>                    <sub>3</sub>                    <sub>4</sub>                    <sub>5</sub>                    <sub>6</sub>

**N10. [CARD N10] Looking at this card, which of the following (1–6) best describes your skin type? [TICK ONE BOX ONLY]**

<b>Your Type:</b>	<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>
<b>Skin Colour</b>	Very pale or pale white	Pale white	White, light brown	Medium to dark brown	Dark brown	Black
<b>Tanning</b>	Burns very easily, never tans	Burns easily, rarely tans	Sometimes burns, gradually tans	Hardly ever burns, tans easily	Rarely burns, tans easily and quickly	Never burns, tans very dark

**N11. On a normal weekday, what time do you normally go to bed? (note that this may be different from the time you plan to go to sleep)**

\_\_\_\_\_ (time in 24 hour clock)

**N12. And on a normal weekday, what time do you normally get up? (note that this may be different from the time you wake up)**

\_\_\_\_\_ (time in 24 hour clock)

**N13. On a normal week-night, how long do you usually sleep? Do not include time you spend awake in bed.**

\_\_\_\_\_ hours and \_\_\_\_\_ minutes

**N14. Do you share a bedroom?**

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



**N15. Do you have any difficulty with sleep?**

Yes, a lot of difficulty ..... 1 Yes, some difficulty ..... 2 No ..... 3

**N16. [CARD N16] What is the nature of your sleep difficulty? [TICK ALL THAT APPLY]**

- Can't get to sleep at night..... 1
- I go to sleep at first but wake up during the night..... 2
- I wake up too early in the morning ..... 3
- I find it very difficult to wake up in the morning ..... 4
- Sleep is regularly disrupted by someone/something else ..... 5
- I fall asleep at inappropriate times ..... 6
- Nightmares/night terrors ..... 7
- Sleep-walking ..... 8
- Something else (please specify) \_\_\_\_\_ ..... 9

**N17. Do you regularly do any of the following when you go to bed, before you go to sleep? [TICK ALL THAT APPLY]**

- 1. Watch TV/films ..... 1
- 2. Read ..... 2
- 3. Surf the internet..... 3
- 4. Chat to/message friends ..... 4
- 5. Chat to someone you share your room with ..... 5
- 6. Play computer games..... 6
- 7. Something else (please specify) \_\_\_\_\_ ..... 7

**SECTION O: DENTAL HEALTH**

**O1. [CARD O1] How would you rate your oral health? [TICK ONE BOX ONLY]**

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

**O2. [CARD O2] How often do you brush your teeth? [TICK ONE BOX ONLY]**

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

**O3. [CARD O3] Which of the following best describes how regularly you visit the dentist? [TICK ONE BOX ONLY]**

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

**O4. Have you ever had (or are you currently undergoing) orthodontic treatment?**

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

**O5. Have you ever worn (or do you currently wear) braces?**

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