

Growing Up in Ireland

Young Person Survey – Short and Proxy Interview Questionnaires

Cohort '08 at 13 years of age

Short Interview

ID

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Time Started

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(24 hour clock)

Date

Day	mth	year

A. Preliminaries

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

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

Yes, I agree to take part ₁

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

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

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

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

	ALWAYS TRUE	SOMETIMES TRUE	NOT TRUE
a. I had a quiet space to study	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. I missed my friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. I had a chance to attend school lessons with my teacher on the internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. My parent(s) helped with my school work.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
a. I was able to keep in touch with my friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

C. Activities

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

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

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

	Every day	3 to 6 times a week	Once or twice a week	Less than once a week / Never
a. Reading for fun (include Kindle or other e-book reader) (not for school)	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Singing or playing a musical instrument	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Physical activities or sports without a coach or instructor (e.g. dancing, swimming, biking, soccer, running)	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d. Drawing/painting/crafts (such as model-making, knitting)	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e. Going to the cinema	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f. Spending time with pets	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
g. Hanging out with friends	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7

D. Internet and Screen Time

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

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

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

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

D4. Do you have your own account or profile on a social networking or social media site that you currently use (such as Instagram or WhatsApp)?

Yes ... 1 No ... 2

D5. Do you have your own account or profile on a gaming site that you currently use (such as Fortnite)? Yes ... 1 No ... 2

E. School and Education

Now some questions about your experiences of school and education

E1. What class are you in since last September?

- Home schooled 1 → Go to E14
 5th class..... 2 → Go to E11
 6th class..... 3 → Go to E11
 1st year 4
 2nd year..... 5
 Other class at second level 6
 Other class at primary level 7 → Go to E11

Section for Students in Second Level Schools since last September

E2 Please tick the subjects you are taking from September 2019. For Irish, English and Maths, please tick which level you are studying.

- Irish Higher 1 Ordinary 2 Not sure yet 3 Don't take Irish 4
 English Higher 1 Ordinary 2 Not sure yet 3

Mathematics Higher ₁ Ordinary ₂ Not sure yet ₃

History ₁ Business Studies ₁

Geography ₁ Civic, Social and Political Education (CSPE)..... ₁

French ₁ Physical Education ₁

German ₁ Social, Personal and Health Education (SPHE)..... ₁

Spanish ₁ Other (please specify)..... ₁

Religious Education ₁

Visual Art ₁

Music ₁

Science ₁

Home Economics ₁

Wood Technology ₁

Engineering ₁

Graphics ₁

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

E5. Did you have any choice over what subjects you did this year? Yes, a lot ... ₁ Yes, a little ... ₁ No ... ₂

E8. How many of your friends from primary school are ... [tick one box on each line]

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

E11 for Students in fifth or sixth class since last September

E11. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

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

E12 for all except Home Schooled since September 2020

E12. How do you feel about school in general? [TICK ONE BOX ONLY]

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

E14. On average how much time do you spend doing homework and/or study on a normal weekday during term-time when schools are open?

Half an hour or less [0 to 30 minutes]	Half to one hour [31 minutes to less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	[4 or more hours]	Don't do homework
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

E16. For each of these subjects, please indicate if you find the subject Difficult, OK, Not Difficult or You Don't Take that Subject.

[TICK ONE BOX ON EACH LINE]

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

E17. For each of these subjects, please indicate if you find the subject Interesting, OK, Not interesting or you don't take that subject. [TICK ONE BOX ON EACH LINE]

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

E18. Some students get extra help at school in some subjects. Over the last 12 months have you received any extra help within school in any subject?

Yes ₁ No ₂ → Go to E20

E19. What subjects did you get extra help in? **[TICK ALL THAT APPLY]**

English/Reading ₁ Maths ₂ Irish ₃ Other subject ₄

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

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

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

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

Now some questions about exercise and sport.

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

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

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

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

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

G5_1. Over the last week, how much time did you spend ...

	None	Up to one hour [Less than 1 hour]	1 to 2 hours [less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more [5 or more hours]
a. helping with tasks inside the house, such as cleaning, tidying, laundry, preparing meals, taking care of younger children or sick family members?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
b. helping with tasks outside the house such as gardening, taking out the bins, washing the car or helping on a family farm?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

K. Siblings and Friends

Now some questions about your brothers and sisters and your friends

K1. Do you have any brothers or sisters living at home?

Yes ₁

No ₂

K2. [If yes] How often do you do any of the following with any of your brothers or sisters?

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

K3. How many friends do you normally hang around with? **[TICK ONE BOX ONLY]**

A. None ₁ **Go to S1**

B. One or two ₂

C. Between 3 and 5 ₃

D. Between 6 and 10 ₄

E. More than 10 ₅

K4. How many of these would you describe as CLOSE friends? _____

K5. How old are the friends you usually go about with? **[TICK ONE BOX ON EACH LINE]**

None Some Most or all

A. A year or more younger ₁ ₂ ₃

B. About the same age ₁ ₂ ₃

C. A year or two older ₁ ₂ ₃

D. More than two years older ₁ ₂ ₃

K6. How many of your friends have your parents met? **[TICK ONE BOX ONLY]**

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

K8. When you need to talk to your friends about something, how do you do it?

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

K9: Thinking about how you get on with your friends, would you say the following things are 'always true', 'sometimes true' or 'not true'?

ALWAYS TRUE SOMETIMES TRUE NOT TRUE

• I have fun with my friends ₁ ₂ ₃

• My friends would help me out if I needed them ₁ ₂ ₃

Proxy Interview

ID

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Time Started

--	--	--	--

 (24 hour clock)

Date
 day mth year

B. Preliminaries

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

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

Yes, I agree to take part ₁
No, I do not wish to take part ₂ Go to end

C. Activities

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

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

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

	Every day	3 to 6 times a week	Once or twice a week	Less than once a week / Never
h. Reading for fun (include Kindle or other e-book reader) (not for school)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
i. Singing or playing a musical instrument	<input type="checkbox"/> ₁	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
j. Physical activities or sports without a coach or instructor (e.g. dancing, swimming, biking, soccer, running)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
k. Drawing/painting/crafts (such as model-making, knitting)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
l. Going to the cinema	<input type="checkbox"/> ₁	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
m. Spending time with pets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
n. Hanging out with friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

D. Internet and Screen Time

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

	Yes, for my sole use	Yes, but shared with someone else	No
g. Smartphone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Tablet (no keyboard)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Tablet with a keyboard	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. Laptop computer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k. Other computer (including desktop)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l. Other device, such as gaming console	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

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

	None	Up to one hour [less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more
Weekday during term time							
g. Watching television /films/ videos (on TV set, tablet or other device)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
h. Playing video/computer games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
i. Other online or screen-based activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Weekend day or holiday							
j. Watching television /films/ videos (on TV set, tablet or other device)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
k. Playing video/computer games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
l. Other online or screen-based activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

D4. Do you have your own account or profile on a social networking or social media site that you currently use (such as Instagram or WhatsApp)?

Yes ... ₁ No ... ₂

D5. Do you have your own account or profile on a gaming site that you currently use (such as Fortnite)? Yes ... ₁ No ... ₂

E. School and Education

Now some questions about your experiences of school and education

E1. What class are you in since last September?

- Home schooled ₁ → Go to E14
- 5th class..... ₂ → Go to E11
- 6th class..... ₃ → Go to E11
- 1st year ₄
- 2nd year..... ₅
- Other class at second level ₆
- Other class at primary level ₇ → Go to E11

Section for Students in Second Level Schools since last September

E2 Please tick the subjects you are taking from September 2019. For Irish, English and Maths, please tick which level you are studying.

- Irish Higher ₁ Ordinary ₂ Not sure yet ₃ Don't take Irish ₄
- English Higher ₁ Ordinary ₂ Not sure yet ₃
- Mathematics Higher ₁ Ordinary ₂ Not sure yet ₃
- History ₁ Business Studies ₁
- Geography ₁ Civic, Social and Political Education (CSPE)..... ₁
- French ₁ Physical Education ₁
- German ₁ Social, Personal and Health Education (SPHE)..... ₁
- Spanish ₁ Other (please specify)..... ₁
- Religious Education ₁
- Visual Art ₁
- Music ₁
- Science ₁
- Home Economics ₁

Wood Technology ₁
 Engineering ₁
 Graphics ₁

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

E5. Did you have any choice over what subjects you did this year? Yes, a lot ... ₁ Yes, a little ... ₁ No ... ₂

E8. How many of your friends from primary school are ... [tick one box on each line]

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

E11 for Students in fifth or sixth class since last September

E11. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

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

E14. On average how much time do you spend doing homework and/or study on a normal weekday during term-time when schools are open?

Half an hour or less [0 to 30 minutes]	Half to one hour [31 minutes to less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	[4 or more hours]	Don't do homework
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

E16. For each of these subjects, please indicate if you find the subject Difficult, OK, Not Difficult or You Don't Take that Subject. [TICK ONE BOX ON EACH LINE]

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

E17. For each of these subjects, please indicate if you find the subject Interesting, OK, Not interesting or you don't take that subject. [TICK ONE BOX ON EACH LINE]

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

E18. Some students get extra help at school in some subjects. Over the last 12 months have you received any extra help within school in any subject?

Yes ₁ No ₂ → Go to E20

E19. What subjects did you get extra help in? [TICK ALL THAT APPLY]

English/Reading ₁ Maths ₂ Irish ₃ Other subject ₄

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

f. Regular pocket money ₁
 g. Doing chores (or babysitting) in the home ₂
 h. Given money by parents when I need it ₃
 i. Doing occasional jobs (e.g. babysitting) outside the home ₄
 j. Have a regular part-time job ₅

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

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

Now some questions about exercise and sport.

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

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

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

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

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

G5_1. Over the last week, how much time did you spend ...

	None	Up to one hour [Less than 1 hour]	1 to 2 hours [less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more [5 or more hours]
a. helping with tasks inside the house, such as cleaning, tidying, laundry, preparing meals, taking care of younger children or sick family members?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. helping with tasks outside the house such as gardening, taking out the bins, washing the car or helping on a family farm?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7