



# NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)

## STRICTLY CONFIDENTIAL FATHER QUESTIONNAIRE

AREA       HOUSEHOLD       RESPONDENT

Time Section Started  (24 hour clock)

Hello, I'm from the Economic and Social Research Institute in Dublin. I am contacting you about *Growing Up in Ireland - the National Longitudinal Study of Children*. This is a major new government study about children in Ireland. It is being undertaken by the Economic and Social Research Institute and Trinity College Dublin. I have an information leaflet here about the study. We are currently doing pilot work for this project. The study itself will involve interviewing 8,000 9 year olds and their families.

We are seeking to interview the parents <name of 9-year-old Study Child> and also the child him / herself. The whole interview with the parents and child will take about 90 minutes to complete.

All the information you and your family provides will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family.

### A. INTRODUCTION

**A1. Which of the following best describes your relationship with the Study Child? [Card A1 –Interviewer use codes only]**

- |  |  |
|--|--|
| A. Biological parent (mother/ father) ..... <input type="checkbox"/> 1 | E. Grand parent ..... <input type="checkbox"/> 5           |
| B. Adoptive parent (mother/ father) ..... <input type="checkbox"/> 2   | F. Aunt/uncle ..... <input type="checkbox"/> 6             |
| C. Step-parent (mother/ father) ..... <input type="checkbox"/> 3       | G. Other relative/ in law ..... <input type="checkbox"/> 7 |
| D. Foster parent (mother/ father) ..... <input type="checkbox"/> 4     | H. Unrelated guardian..... <input type="checkbox"/> 8      |

### B: RESPONDENT'S HEALTH

**B1. In general, how would you say your current health is?**

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

**B2. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'?**

Yes ..... 1      No ..... 2

**B3 Was this:**

- Before the Study Child was born ..... 1
- In first year of Study Child's life ..... 2
- When Study Child was 1 – 4 yrs old..... 3
- When Study Child was 5 - 9 yrs old ..... 4
- Ongoing ..... 5

**B4. Do you have any chronic physical or mental health problem, illness or disability?**

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

**B5. What is the nature of this illness or disability? Please describe as fully as possible.**

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**B6. Since when have you had this illness or disability? \_\_\_\_\_(mth) \_\_\_\_\_(year)**

**B7. Are you hampered in your daily activities by this physical or mental health problem?**

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

**B8. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after the Study Child?**

In the past .....  <sub>1</sub>      Currently .....  <sub>2</sub>      No .....  <sub>3</sub>

**Time Section Ended**     **(24 hour clock)**

**C: RESPONDENT'S LIFESTYLE**

**C1. Do you smoke?**      Yes .....  <sub>1</sub>      No .....  <sub>2</sub>      Don't know .....  <sub>3</sub>

**C2. About how many cigarettes or cigars do you smoke per day? [Card C1]**

Less than daily .....  <sub>1</sub>  
 1 a day .....  <sub>2</sub>  
 2-10 a day .....  <sub>3</sub>  
 11-25 a day .....  <sub>4</sub>  
 26-50 a day .....  <sub>5</sub>  
 More than 50 a day .....  <sub>6</sub>

**C3. Does anyone smoke in the same room as the Study Child when the Study Child is present**

Yes, on a regular basis .....  <sub>1</sub>      Yes, on occasional basis .....  <sub>2</sub>      Never .....  <sub>3</sub>

**C4. Which of the following best describes how often you usually drink alcohol? [Card C2]**

Never .....  <sub>1</sub>  
 Less than once a month .....  <sub>2</sub>  
 1-2 times a month .....  <sub>3</sub>  
 1-2 times a week .....  <sub>4</sub>  
 3-4 times a week .....  <sub>5</sub>  
 5-6 times a week .....  <sub>6</sub>  
 Every day .....  <sub>7</sub>

*If currently drink alcohol between everyday and once or twice a week ask:*

**C5. And on an average week, how many pints of beer, glasses of wine, measures of spirit would you drink?**

Pints of Beer \_\_\_\_\_      Glasses of Wine \_\_\_\_\_      Measures of Spirits \_\_\_\_\_

**C6. Do you think that you are: [Card C3]**

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

**C7. What is your height without shoes? \_\_\_\_\_ feet \_\_\_\_\_ inches OR Centimetres \_\_\_\_\_**

**C8. What is your weight without clothes and shoes? \_\_\_\_\_ stones \_\_\_\_\_ lbs OR \_\_\_\_\_ Kilograms**

**C9. How often do you?**

	Very Often	Often	Sometimes	Rarely	Never
...Think about your own weight or shape?	<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>
...Try to lose weight through dieting?	<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>

**Time Section Ended**     **(24 hour clock)**

## D: FAMILY CONTEXT

**D1. Do you feel you have fun with the Study Child every day?** Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**D2. I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies. [Card D1]**

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies
I share an affectionate, warm relationship with my child...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
My child and I always seem to be struggling with each other.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
If upset, my child will seek comfort from me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
My child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
My child values his/her relationship with me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
My child appears hurt or embarrassed when I correct him/her.	<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>
My child does not want to accept help when he/she needs 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>	<input type="checkbox"/> <sub>5</sub>
When I praise my child, he/she beams with pride.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
My child reacts strongly to separation from me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
My child spontaneously shares information about himself/ herself.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
My child is overly dependent on me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
My child easily becomes angry at me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
My child tries to please me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
My child feels that I treat him/her unfairly.	<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>
My child asks for my help when he/she really does not need help.	<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>
It is easy to be in tune with what my child is feeling.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
My child sees me as a source of punishment and criticism.	<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>
My child expresses hurt or jealousy when I spend time with other children.	<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>
My child remains angry or is resistant after being disciplined.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
When my child is misbehaving, he/she responds to my look or tone of voice.	<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>
Dealing with my child drains my energy.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I've noticed my child copying my behaviour or ways of doing things.	<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>
When my child is in a bad mood, I know we're in for a long and difficult day.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
My child's feelings toward me can be unpredictable or can change suddenly.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Despite my best efforts, I'm uncomfortable with how my child and I get along.	<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 often think about my child when at 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>	<input type="checkbox"/> <sub>5</sub>
My child whines or cries when he/she wants something from me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
My child is sneaky or manipulative with me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
My child openly shares his/her feelings and experiences with me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
My interactions with my child make me feel effective and confident as a parent.	<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>

**D3. Please tell me how strongly you agree or disagree with the following. Because of your job**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
A. You are missing out on home or family activities that you would have like to have taken part in.....	<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. Your family time is less enjoyable and more pressured	<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. The time you spend with your family is more enjoyable. ...	<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>

**D4. Listed on this card are 20 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week. [Card D2]**

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
1. You were bothered by things that usually don't bother you .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. You did not feel like eating; your appetite was poor .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. You felt you could not shake off the blues even with help from your family or friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. You felt that you were just as good as other people .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. you had trouble keeping your mind on what you were doing .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. You felt depressed.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. You felt that everything you did was an effort .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. You felt hopeful about the future .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. You thought your life had been a failure.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10. You felt fearful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11. Your sleep was restless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12. You were happy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13. You talked less than usual.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14. You felt lonely .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15. People were unfriendly .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16. You enjoyed life .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
17. You had crying spells .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
18. You felt sad.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
19. You felt that people disliked you.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20. You could not get 'going' .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**D5. In general, would you describe yourself as a religious or spiritual person?**

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

**D6. Who is most likely to do the following household tasks in your household? (Card D3)**

	Always yourself	Usually yourself	About equally by you & partner	Usually spouse/partner	Always spouse / partner	Someone else	No one does this
Cooking for the family .....	<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
Ironing .....	<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
Washing clothes. ....	<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
Cutting the grass .....	<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
Looking after the car .....	<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
Helping child(ren) with their school work .....	<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
Taking child(ren) to GP /hospital..	<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
Washing the dishes .....	<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
Painting .....	<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
Vacuuming / cleaning .....	<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
Taking the bins out .....	<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
School Runs .....	<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
Runs to sport, music, friends houses etc .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**Time Section Ended**

**(24 hour clock)**

## E: SOCIO-DEMOGRAPHICS

**E1. which of these descriptions *BEST* describes your usual situation in regard to work? [Card E1]**

- Employee (incl. apprenticeship or Community Employment) ..... 1  
 Self employed outside farming ..... 2  
 Farmer ..... 3

- Student full-time ..... 4  
 On State training scheme (FAS, Failte Ireland etc.) ..... 5  
 Unemployed, actively looking for a job ..... 6  
 Long-term sickness or disability ..... 7  
 Home duties / looking after home or family ..... 8  
 Retired ..... 9  
 Other (specify) ..... 10

**E2. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs.**

\_\_\_\_\_ hours

**E3. What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible**

**E4. Do you supervise or manage any personnel in your job?**

Yes ..... 1      No ..... 2

**E5. How many?** \_\_\_\_\_

**E6. How many employees (if any) do you have?**

\_\_\_\_\_ employees      Not Applicable .... 99

**E7. Apart for holiday or casual work, have you ever had a job?**

Yes ..... 1      No ..... 2

**E8. In what year did you last work?**

\_\_\_\_\_ year      Never Worked ..... 1

**E9. When you last worked were you?**

- Employee (incl. apprenticeship or Community Employment) ..... 1  
 Self-employed outside farming ..... 2  
 Farmer ..... 3

**E10. From the reasons listed on this card could you tell me which is the single most important reason for you not working in a paid job outside the home? [Int. Card E2 and tick one only]**

- I prefer not to work ..... 1  
 I am caring for an elderly or ill relative or friend ..... 2  
 I prefer be at home to look after my children myself ..... 3  
 I cannot earn enough to pay for childcare ..... 4  
 I cannot find suitable childcare ..... 5  
 There are no suitable jobs available for me ..... 6  
 My family would lose Social Welfare or medical benefits if I was earning ..... 7  
 Other reason (specify) ..... 8

**E11. What is the highest level of education you have completed to date? [Card E3]**

- |  |  |
|--|--|
| Primary or less ..... <input type="checkbox"/> 1                                       | Primary degree ..... <input type="checkbox"/> 5              |
| Intermediate/ Junior/ Group Certificate or equivalent ..... <input type="checkbox"/> 2 | Postgraduate/ Higher degree ..... <input type="checkbox"/> 6 |
| Leaving Certificate or equivalent ..... <input type="checkbox"/> 3                     | Refusal ..... <input type="checkbox"/> 88                    |
| Diploma/ Certificate ..... <input type="checkbox"/> 4                                  |  |

**E12. What language or languages do you speak most often at home?**

- |  |   |
|--|---|
| English ..... <input type="checkbox"/> 1   | Irish ..... <input type="checkbox"/> 2            |
| Arabic ..... <input type="checkbox"/> 3    | French ..... <input type="checkbox"/> 4           |
| Polish ..... <input type="checkbox"/> 5    | Russian ..... <input type="checkbox"/> 6          |
| Czech ..... <input type="checkbox"/> 7     | Latvian ..... <input type="checkbox"/> 8          |
| Portugese ..... <input type="checkbox"/> 9 | Spanish ..... <input type="checkbox"/> 10         |
| Chinese ..... <input type="checkbox"/> 11  | Lithuanian ..... <input type="checkbox"/> 12      |
| Romanian ..... <input type="checkbox"/> 13 | Other (specify) ..... <input type="checkbox"/> 14 |

**E13. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children's storybook?**

Yes ..... 1      No ..... 2

**E14. Can you usually read and fill out forms you might have to deal with in your own language?**

Yes ..... 1      No ..... 2

[Int: Ask E15 and E16 only if any language other than Irish or English is usually spoken at home see E12 above]

**E15. You mentioned that you spoke <language> [Int See E12 above] at home, can I just check, can you read aloud to a child from a children's storybook written in English?**

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

**E16. Can you usually read and fill out forms you might have to deal with in English?**

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

**E17. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?**

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

**E18. Are you a citizen of Ireland?**      Yes ..... <sub>1</sub>      No ..... <sub>2</sub>      Don't know ..... <sub>3</sub>

**E19. What citizenship do you hold?** \_\_\_\_\_ Don't know ..... <sub>3</sub>

**E20. Were you born in Ireland?**      Yes ..... <sub>1</sub>      No ..... <sub>2</sub>      Don't know ..... <sub>3</sub>

**E21. In which country were you born?** \_\_\_\_\_ Don't know ..... <sub>3</sub>

**E22. How long ago did you first come to live in Ireland?**

Within the last year	1-5 years ago	6-10 years ago	11-20 years ago	More than 20 years ago	Don't Know
<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>88</sub>

**E23. What is your ethnic or cultural background? [Card E4]**

Irish .....	<input type="checkbox"/> <sub>1</sub>	Any other Black background .....	<input type="checkbox"/> <sub>5</sub>
Irish Traveller .....	<input type="checkbox"/> <sub>2</sub>	Chinese .....	<input type="checkbox"/> <sub>6</sub>
Any other white background .....	<input type="checkbox"/> <sub>3</sub>	Any other Asian background .....	<input type="checkbox"/> <sub>7</sub>
African .....	<input type="checkbox"/> <sub>4</sub>	Other (specify) .....	<input type="checkbox"/> <sub>8</sub>

**E24. What is your date of birth?** \_\_\_\_\_ day      \_\_\_\_\_ month      \_\_\_\_\_ year

**E25. Int: Is respondent male or female?**      Male ..... <sub>1</sub>      Female ..... <sub>2</sub>

## N. FOR THE INTERVIEWER

**N1 Did the respondent ask for clarification on any questions?**

Never <sub>1</sub>      Almost never <sub>2</sub>      Now and then <sub>3</sub>      Often <sub>4</sub>      Very often <sub>5</sub>      Don't know <sub>8</sub>

**N2 Did you feel that the respondent was reluctant to answer any questions?**

Never <sub>1</sub>      Almost never <sub>2</sub>      Now and then <sub>3</sub>      Often <sub>4</sub>      Very often <sub>5</sub>      Don't know <sub>8</sub>

**N3 Did you feel that the respondent tried to answer the questions to the best of his or her ability?**

Never <sub>1</sub>      Almost never <sub>2</sub>      Now and then <sub>3</sub>      Often <sub>4</sub>      Very often <sub>5</sub>      Don't know <sub>8</sub>

**N4 Overall, did you feel that the respondent understood the questions?**

Never <sub>1</sub>      Almost never <sub>2</sub>      Now and then <sub>3</sub>      Often <sub>4</sub>      Very often <sub>5</sub>      Don't know <sub>8</sub>

**N5. Was anyone else present at the interview?**

Yes <sub>1</sub>      No <sub>2</sub>

**N6. Who was this? Tick all that apply.**

Spouse/partner ..... <sub>1</sub>  
Study Child ..... <sub>2</sub>  
Other child ..... <sub>3</sub>  
Other adult ..... <sub>5</sub>