

## Growing Up in Ireland Covid-19 Survey for 12/13 year old

Welcome to the *Growing Up in Ireland* Covid-19 survey. We want to find out what it is like to be a 12- or 13-year-old in Ireland today in the context of Covid-19. Your answers will help to plan things for young people like yourself.

This survey is for the *Growing Up in Ireland* Project (which is managed by the Department of Children, Equality, Disability, Integration and Youth in association with the Central Statistics Office)

The questions will take about 8 minutes to complete. It is best to complete the survey in one sitting: to protect your privacy, the information you enter is not saved unless you go to the end and hit the 'SUBMIT' button. Once you do that, the information cannot be seen by anybody else, even if they have your ID code.

You do not have to do this survey. If there is any question you do not want to answer, it is fine to skip it, though it would really help us if you answer as many as possible.

[Start survey button]

[Record Start date/time]

**Q1. Please enter your ID code from the email we sent your parent or guardian:** \_\_\_\_\_

[Your ID code has three capital letters followed by two numbers]

**Q2. Before starting, please confirm that you have read the Information Sheet, discussed participating with your parent or guardian and agree to take part in the survey:**

Yes, I agree to take part in this Covid-19 Survey-----<sub>1</sub>

No, I do not wish to take part in this Covid-19 Survey-----<sub>2</sub> → [Go to end]

**Q3. What is your date of birth?** \_\_\_/\_\_\_/\_\_\_\_

DD / MM/ YYYY

## Section 2 – Activities and time at home during COVID-19

First, some questions about the time between March and June this year when all schools were closed, and you were at home

**Q4. Thinking back to that time, 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 at home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. I had access to a computer when I needed it for study	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. I missed my friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. I attended live school lessons with my teacher on the internet	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. I could contact my teacher for help if I needed it	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. I gave up on trying to study until the school opened again	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. It was good to be apart from other students who bother me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Someone at home helped with my schoolwork	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. I was worried that I might fall behind with schoolwork	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

## Section 3: School and Education since September 2020

**Q5. Are you in the same school now as you were in just before the summer?**

- Yes -----  1  
 No, because I moved from primary to secondary school -----  2  
 No, because I changed school -----  3  
 No, because I am now home-schooled -----  4 → Go to Q9

**Q6. Can I just check what class you are in now?**

- Fifth class in primary school -----  1  
 Sixth class in primary school -----  2  
 First year in second level school -----  3  
 Second year in second level school -----  4  
 Other class or school -----  5

**Q7. Since you returned to school in September, have you had to take time off school for any of the following reasons? [Select all that apply]**

I had to take time off school because ...

- a. I had Covid-19 or symptoms of Covid-19 -----   
 b. Someone in my class or school bus had Covid-19 -----   
 c. Someone in my family or another close contact had Covid-19 or was waiting for test results -----   
 d. The whole class or school was closed because of Covid-19 -----   
 e. I had to take time off for another reason unrelated to Covid-19 -----   
 f. I didn't have to take time off school -----

**Q8. Since you returned to school in September, please tell us whether the following are always true, sometimes true or not true for you.**

	Always true	Sometimes true	Not true
a. I know what is expected of me in terms of the Covid-19 rules	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. We students are consulted about managing the Covid-19 rules in the school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. I don't think my classmates take Covid-19 seriously	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. I feel safe from Covid-19 infection when in school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. I preferred being able to do my schoolwork from home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. I'm finding it hard to settle back into school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. I'm finding schoolwork more difficult	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Teachers go over material to help us catch up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. I am required to wear a mask in school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. I find masks interfere with my learning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**Q9. Which of the following do you find useful for information about Covid-19? [Select all that apply]**

- Parent(s)/Guardian(s) -----  1  
 School -----  2  
 Friends -----  3  
 Social media -----  4  
 Watching or reading the news -----  5

## Section 4: Family

How well do you get on with ...	Very well	Fairly well	We do not get on	Does not apply to me
<b>Q10. Your Mum</b> You can answer this question about the main person who looks after you if that's the best option for you.	<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>Q11. Your Dad</b> You can answer this question about another person who looks after you if that's the best option for you.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**Q12. Please say whether each of the following is always true, sometimes true or not true for you now.**

	Always true	Sometimes true	Not true	Does not apply to me
a. I enjoy spending time with my pet(s)	<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. I worry about the virus infecting someone in my family	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
c. I can see that my parent or parents are worried at the moment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
d. I miss visiting my grandparent(s)	<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. I have the chance to learn new skills	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
f. I use 'Zoom', 'Facetime' or similar to keep in touch with family/friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
g. I argue more than usual with my parent(s)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
h. I argue more than usual with my brother(s) or sister(s)	<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. I have an adult I can talk to when I'm worried	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	

## Section 5: Activities

Now some questions about your activities.

**Q13. This year many events with family and friends had to be cancelled or changed. Did you miss any of the following events that were important to you?**

	Yes, I was disappointed	Yes, but I didn't mind	No
a. I missed a religious ceremony for me such as confirmation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. I missed a family holiday	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. I missed my end-of-primary-school party	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. I missed another trip with my school or a club	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**Q14. Thinking about your activities now compared to the time before the schools closed (early March), do you do the following activities more, about the same, or less than you used to?**

	More	About the same	Less
a. Take part in sports or physical exercise (such as team sports, running, cycling, walking, dancing, individual exercise)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Take part in organised cultural activities (e.g. lessons or clubs for music, art, drama)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. See your friends face-to-face	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Talk to your friends online or by phone	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Spend time with your family	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Eat junk food or sweets	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Spend time on screen-based activities (TV/videos, computer games, online)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Spend time outdoors	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

## Section 6: Feelings

**Q15. Now some questions on how you have been feeling. Please think about the last four weeks.**

How much of the time in the past four weeks ...	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Have you been a very nervous person	<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. Have you felt so down in the dumps that nothing could cheer you up	<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>
c. Have you felt calm and peaceful	<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>
d. Have you felt downhearted and blue	<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>
e. Have you been a happy person	<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>

**Q16. On a scale of 1 to 10, how much are you looking forward to next year? If 1 means 'I am really worried about what will happen' and 10 means 'I am really excited about next year'.**

I am really worried

<sub>1</sub>

<sub>2</sub>

<sub>3</sub>

<sub>4</sub>

<sub>5</sub>

<sub>6</sub>

<sub>7</sub>

<sub>8</sub>

<sub>9</sub>

I am really excited

<sub>10</sub>

[Record end time/date]