

Growing Up in Ireland Covid-19 Survey for Parents of 12/13-year-olds

You are completing this 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)

Welcome to the ***Growing Up in Ireland*** Covid-19 survey. We want to find out what it is like for parents of 12/13-year-olds in Ireland today in the context of Covid-19. Your answers will help policy-makers to plan supports and services for families like yours.

The questions will take about 9 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.

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]

Q1. Please enter your ID code from the email we sent you: _____

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

Q2. Before we start, please confirm that you have read the Information Sheet and agree to take part in the survey:

Yes, I agree to take part in this Covid-19 Survey-----₁

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

Q3. What is your date of birth? ____/____/_____
DD / MM / YYYY

Here are some questions about who is living with you at the moment.

Q4. How many people in total (including yourself) are members of the household? _____ persons

Q5. How many of these are under the age of 18? _____ [children]

Q6. Are you currently living with a spouse or partner? Yes ... ₁ No ... ₂

Q7. Are there any members of the household who are at increased risk of severe Covid-19 disease due to age or a pre-existing condition? [Select all that apply]

- a. Yes, me-----
- b. Yes, my 12/13-year-old -----
- c. Yes, someone else -----
- d. No, nobody in the household is at increased risk -----

Now some questions about your experience during the Covid-19 restrictions.

Q8. Thinking now of the time when the restrictions related to Covid-19 were at their strongest and the schools were closed – around April 2020 – please say whether each of the following was always true, sometimes true or not true for you.

	Always True	Sometimes true	Not true	Not applicable
a. I enjoyed the time with my family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
b. My family did more activities together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
c. It was difficult to balance work and family life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. I had less time to myself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
e. I had a chance to slow down	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	

Q9. Still thinking about the time when the schools were closed ...

	Always true	Sometimes true	Not true	Not applicable
a. I worried about the virus infecting someone in my family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
b. The increase in childcare responsibilities was stressful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
c. Supervising my child's schoolwork was stressful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
d. I spent more time than usual taking care of the children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
e. I ate more snack foods than usual	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
f. My spouse or partner spent more time than usual taking care of the children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q10. Were you in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then?

Yes ... ₁ → Go to Q11 No ... ₂ → Go to Q12

Q11. Was your employment situation or way of working affected by Covid-19 in any of the following ways? [Tick all that apply]

- a. Loss of employment (losing your job or temporary lay-off) -----
- b. Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment) -----
- c. Increase in usual hours worked -----
- d. Started remote working from home -----
- e. Increased number of remote hours working from home -----
- f. Other change (including starting a new job, being assigned to different work) -----
- g. None of the above -----

Q12. Was your partner in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then?

Yes ... ₁ → Go to Q13 No ... ₂ → Go to Q14 Not applicable ... ₃ → Go to Q14

Q13. Was your partner's employment situation or way of working affected by Covid-19 in any of the following ways? [Please tick all that apply]

- a. Loss of employment (losing their job or temporary lay-off) -----
- b. Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment) -----
- c. Increase in usual hours worked -----
- d. Started remote working from home -----
- e. Increased number of remote hours working from home -----
- f. Other change (including starting a new job, being assigned to different work) -----
- g. None of the above -----

Q14. Did your household receive any of the following during the Covid-19 pandemic? [Tick all that apply]

- a. Pandemic Unemployment Payment -----
- b. Other regular social welfare payment (excluding Child Benefit)-----
- c. None of these-----

Q15. Since the start of the Covid-19 pandemic, did your household income ...

- Fall a lot _1
- Fall a little _2
- Remain the same _3
- Increase a little _4
- Increase a lot _5

Q16. Concerning your total monthly or weekly income, with which degree of ease or difficulty are you able to make ends meet?

- With great difficulty _1
- With difficulty _2
- With some difficulty _3
- Fairly easily _4
- Easily _5
- Very easily _6

Q17. Thinking of the time when the schools were closed because of Covid-19, please say whether each of the following was true, sometimes true or not true for your 12/13-year-old.

	Always true	Sometimes true	Not true
a. They had a quiet space to study at home	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
b. They had a chance to take school lessons on the internet	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
c. They were able to send work to teachers to mark	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
d. They had someone at home to help with schoolwork	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3

Q18. How adequate was your family's internet connection when the schools were closed because of Covid-19?

- Very adequate _1
- Mostly adequate but with occasional delays _2
- Just okay _3
- Had frequent problems _4
- Completely unusable _5
- No internet connection _6

Q19. How adequate were your family's internet-connected devices when the when the schools were closed because of Covid-19? [Please consider the number and type of computers, tablets or smartphones with an internet connection].

- Very adequate _1
- Mostly adequate _2
- Just okay _3
- Had frequent problems _4
- Completely unusable _5

Now some questions about physical activity.

Physical activity is any moderate or vigorous activity that increases your heart rate and breathing.

Examples include brisk walking, running, cycling, swimming, dancing, digging in the garden. It also includes other activities in your job or at home that raise your heart rate and breathing.

Q20. Over the past 7 days on how many days were you physically active for a total of at least 30 minutes per day?

- None _0
- One _1
- Two _2
- Three _3
- Four _4
- Five _5
- Six _6
- Seven _7

Q20b. Overall, how physically active are you now compared to before the Covid-19 pandemic?

- A lot more _1
- A little more _2
- About the same _3
- A little less _4
- A lot less _5

Q21. Thinking about your 12/13-year old, how physically active is he or she now compared to before the Covid-19 pandemic?

- A lot more _1
- A little more _2
- About the same _3
- A little less _4
- A lot less _5

Other Effects of the Pandemic

Q22. Has the pandemic affected you in any of these other ways? [Please tick all that apply]

- a. I have or had Covid-19
- b. A family member has or had Covid-19
- c. I developed new interests or skills
- d. I didn't have access to medical care I needed
- e. My 12/13-year-old didn't have access to necessary medical care
- f. My 12/13-year-old didn't have access to necessary dental care
- g. My 12/13-year-old didn't have access to necessary support for emotional or behavioural problems
- h. We could not get access to disability services needed by my 12/13-year-old
- i. I found my 12/13-year-old's return to school stressful
- j. I spent more time outdoors

Q23. Listed below are 8 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.

		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)
a.	I felt I could not shake off the blues even with help from my family or friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b.	I felt depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c.	I thought my life had been a failure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d.	I felt fearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e.	My sleep was restless	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f.	I felt lonely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g.	I had crying spells	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h.	I felt sad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q24. Please say to what extent you agree or disagree with the following statements:

		Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a.	I am optimistic about my future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	I am optimistic about my 12/13-year-old's future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[Record end time/date]