

## *Growing Up in Ireland* Covid-19 Survey for Young Adults

Welcome to the ***Growing Up in Ireland*** Covid-19 Survey. We want to find out what it is like to be a young adult in Ireland today in the context of Covid-19. Your answers will help policy-makers to plan services and supports for young people like yourself.

The questions will take about 10 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.

### [Record Start date/time]

**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 ----- <sub>1</sub>

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

**Q3. Can we just check, are you living in Ireland at present? Please answer 'yes' if you are temporarily living elsewhere but intend to return within the next year or so.**

Yes, I am living in Ireland ----- <sub>1</sub>

No, I am living outside Ireland ----- <sub>2</sub> → [Go to end]

**Q4. What is your date of birth?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD / MM / YYYY

## Section 2: Experience during the Covid-19 pandemic.

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

**Q5. Are you or any other members of your household at increased risk of severe Covid-19 disease due to age or a pre-existing condition?** [Select all that apply]

Yes, me ... <sub>1</sub> Yes, someone else in my household ... <sub>2</sub> No ... <sub>3</sub>

**Q6. Thinking of the time just before the Covid-19 Pandemic began in late February 2020, what were you doing?**

Please tick all that apply.

- a. I had a paid job -----
- b. I was doing an apprenticeship -----
- c. I was doing a full-time third-level course (at a university, technological university or institute of technology) -----
- d. I was doing another full-time education/training course (such as a Post-Leaving Certificate course) --
- e. I was unemployed -----
- f. I was looking after my children or a relative who needs assistance -----
- g. I was unable to work because of illness or disability -----
- h. Other -----

**Q7. Were you in employment or on an apprenticeship immediately before the Covid-19 pandemic began in late February 2020 or at any time since then? Please answer 'Yes' even if this wasn't your main activity (e.g. if you were studying but working part-time).**

Yes ... <sub>1</sub> → Go to Q8    No ... <sub>2</sub> → Go to Q9

**Q8. 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 (reduced hours, having to take paid or unpaid leave, being unable to start a new job, 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 -----

**Q9. Were you on a full-time or part-time education or training course immediately before the Covid-19 Pandemic began in late February 2020 or at any time since then?**

Yes ... <sub>1</sub>    No ... <sub>2</sub> → Go to Q12

**Q10. If you are on a course at the moment, please say whether each of the following is always true, sometimes true or not true for you now.**

**If you are no longer on a course but were on a course at the height of the Covid-19 restrictions – around April – please answer in relation to that time.**

	Always true	Sometimes true	Not true
a. I have/had a quiet space to study	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. I have/had access to a laptop/PC to do my work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. My broadband is/was good enough to engage with online learning	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. My college/institution provides/provided live online lectures/classes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. My college/institution provides/provided on-campus lectures/classes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. My college/institution sends/sent links to online learning resources	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. I receive/received feedback on my work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. I have/had regular contact with my course mates	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. I enjoy/enjoyed the chance to learn on my own	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**Q11. Did the pandemic restrictions affect your learning in any other way? [Tick all that apply]**

- a. I didn't get to do work experience or an internship -----
- b. I didn't get to take exams -----
- c. I found it difficult to study -----
- d. I dropped out of my course -----
- e. I did not do as well as I expected -----
- f. None of the above -----

[FOR ALL]

**Q12. What are you doing at the moment? Please tick all that apply.**

- a. I have a paid job (full-time or part-time) and am working at the moment-----
- b. I have a paid job (full-time or part-time) but am not working at the moment because of Covid-related restrictions or temporary lay-off-----
- c. I am doing an apprenticeship-----
- d. I am doing a full-time third-level course (with a university, technological university or institute of technology)-----
- e. I am doing another full-time course (such as a Post-Leaving Certificate course) -----
- f. I am unemployed -----
- g. I am looking after my children or a relative who needs assistance -----
- h. I am unable to work because of illness or disability -----
- i. Other -----

**Q13. Did you receive any of the following since the start of Covid-19 pandemic? [Tick all that apply]**

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

### Section 3: How you are managing now

**Q14. Concerning your total monthly or weekly income, with which degree of ease or difficulty are you able to make ends meet?**

- |                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| With great difficulty      | With difficulty            | With some difficulty       | Fairly easily              | Easily                     | Very easily                |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

**Q15. How would you describe your current living arrangements?**

- I live with my parent(s) or guardian(s) ----- 1
- I live alone in a house/flat ----- 2
- I live with my partner only ----- 3
- I live in a house/flat with other relative(s) only ----- 4
- I live in a house/flat-sharing arrangement with other adult(s) – at least some not related to me ----- 5
- I live in 'digs' or lodgings – i.e. in a room in someone else's home (possibly with some meals provided) ----- 6
- I live in campus accommodation/barracks ----- 7
- Other \_\_\_\_\_ ----- 8

**Q16. Have any of these occurred since the Covid-19 outbreak? [Tick all that apply]**

- a. I moved back in with my parent(s) -----
- b. I moved out of my parents' house-----
- c. I moved in with my partner -----
- d. None of the above-----

**Q17. If you were sick in bed, at home, how much could you count on the people around you to help out?**

- |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Not at all                 | A little                   | Somewhat                   | A great deal               |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**Q18. If you needed to talk about your problems and private feelings, how much would the people around you be willing to listen?**

- |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Not at all                 | A little                   | Somewhat                   | A great deal               |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

## Section 4: Activities now compared to before Covid-19

Now some questions about your activities.

**Q19. Thinking about your activities now compared to the time before the Covid-19 pandemic (early March), do you do the following activities more, about the same or less than you used to? If you have never done the activity, please select doesn't apply.**

	More	About the same	Less	Doesn't apply
a. Take part in sports or physical exercise (such as team sports, running, cycling, walking, dancing, individual exercise)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Take part in organised cultural activities (e.g. lessons/clubs for music, art or drama)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. See your friends face-to-face	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Talk to your friends online or by phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. See your boy/girlfriend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Spend time with your family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Drink alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Smoke/vape	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Eat junk food or sweets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Spend time on informal screen-based activities (TV/video, computer games, online activities apart from work or study)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Sleep	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. Spend time outdoors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

## Section 5: Other effects of the pandemic

**Q20. 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 or close friend has or had Covid-19 -----
- c. I developed new interests or skills -----
- d. I didn't have access to medical care I needed -----
- e. I didn't have access to disability services I needed-----
- f. I didn't have access to necessary support for emotional or mental health problems-----
- g. I didn't start a course I had planned to-----
- h. I planned to emigrate or take time out to travel abroad but didn't-----

**Q20b. Which of the following do you find useful for information about Covid-19? [Select all that apply]**

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

## Section 6: Feelings

Now some questions on how you have been feeling about your life.

**Q21. On a scale of 0 to 10 where 0 is 'not satisfied at all' and 10 is 'completely satisfied', how satisfied are you with your life these days?**

0	1	2	3	4	5	6	7	8	9	10
Not at all satisfied										Completely Satisfied
<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	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _10

**Q22. 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

**Q23. 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 happy enough to keep to the Covid-19 restrictions	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
c.	I don't think my friends take Covid-19 seriously	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

[Record end time/date]