



**GROWING UP IN IRELAND – national longitudinal study of children**  
**Strictly Confidential – HOME-BASED CARE, 3-year Main Study**

Group:   Household     Date \_\_\_\_ day \_\_\_\_ month \_\_\_\_ year

**PLEASE READ THIS FIRST**

This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the **Growing Up in Ireland** team.

**IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE, PLEASE CALL (01) 8632000 DURING OFFICE HOURS**

*First of all, we would like to ask you some questions about caring for the study child in particular.*

**Q1. Which of the following best describes your relationship to the study child?**

- |                        |                          |   |                                |                          |   |
|------------------------|--------------------------|---|--------------------------------|--------------------------|---|
| Grandmother.....       | <input type="checkbox"/> | 1 | Neighbour .....                | <input type="checkbox"/> | 5 |
| Grandfather .....      | <input type="checkbox"/> | 2 | Nanny/au pair .....            | <input type="checkbox"/> | 6 |
| Other relative .....   | <input type="checkbox"/> | 3 | Registered childminder .....   | <input type="checkbox"/> | 7 |
| Friend of parent ..... | <input type="checkbox"/> | 4 | Unregistered childminder ..... | <input type="checkbox"/> | 8 |

**Q2. Do you live in the home of the study child (include granny flat or guest accommodation as part of the child's home)?**

Yes .....  1 No .....  2

**Q3. Do you care for the study child in his / her own home, in your home or somewhere else?**

- Study Child's home.....  1  
My own home .....
- Somewhere else (please specify where) \_\_\_\_\_  3

**Q4. How long have you been caring for the study child?** \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ weeks

**Q5. How many hours per week do you care for the study child?** \_\_\_\_\_ hours

**Q6. How many days per week do you care for the study child?** \_\_\_\_\_ days

*We would also like some general information on the environment in which you look after the study child*

**Q7. On a typical day, how many other children are in your care (excluding the study child, but including your own children)?** \_\_\_\_\_ children

**Q8. What ages are these children? (Please indicate the number of children in these age categories, again excluding the Study Child)**

- |                         |                          |   |                       |
|-------------------------|--------------------------|---|-----------------------|
| 0 – 11 months .....     | <input type="checkbox"/> | 1 | _____ no. of children |
| 1- 3 years .....        | <input type="checkbox"/> | 2 | _____ no. of children |
| 4-6 years .....         | <input type="checkbox"/> | 3 | _____ no. of children |
| 7-9 years .....         | <input type="checkbox"/> | 4 | _____ no. of children |
| 10-12 years .....       | <input type="checkbox"/> | 5 | _____ no. of children |
| 12 years and over ..... | <input type="checkbox"/> | 6 | _____ no. of children |

**Q9a. We would like to know how the study child spends his or her time while in the centre's care. There follows a list of activities that a 3 year-old might engage in. Please indicate how often he or she participates in each activity.**

	All of the time	Frequently	Occasionally	Rarely	Never
Watching television/videos/DVD's .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Using a computer.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reading [or being read to] .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with toys.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with sand/water etc .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing outdoors – hopping, skipping, football etc .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning the ABC/Alphabet .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning to count/numbers .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Imaginative/Pretend play .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Painting or drawing .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning nursery rhymes, songs etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q9b. Approximately how much time does the study child spend in group activity that is led by an adult and how much time in activities which the study child chooses him/herself?**

Led by adult (percentage of time) \_\_\_\_\_ %  
 Led by child (percentage of time) \_\_\_\_\_ % **[Must add to 100%]**

**Q10. When the Study Child is in your care how many children's books are available to the study child to read/look at? Do you estimate....**

None ..... 1  
 Less than 10 ..... 2  
 Between 10 and 20 ..... 3  
 21 – 30 ..... 4  
 More than 30 ..... 5

**Q11. On average, how many minutes per day do you read to the child? \_\_\_\_\_ minutes**

**Q12. On average, how many hours per day does the child spend watching TV or DVD's while in your care? \_\_\_\_\_ hrs**

**Q13. In a typical day, how long would the child spend asleep while in your care? \_\_\_\_\_ hours**

**Q14. On a typical day, how often would you get the chance to talk to the child on a one-to-one basis?**

Almost never ..... 1    Sometimes ..... 2    Often ..... 3    Always ..... 4

**Q15. Do you have any of the following things at home that the study child may avail of while in your care. Please tick all that are currently available to him / her.**

A garden/outdoor play space .....	<input type="checkbox"/> 1	Video games / X-box/ Nintendo DS etc.....	<input type="checkbox"/> 8
Sports equipment (footballs, trampolines, etc).....	<input type="checkbox"/> 2	Musical equipment .....	<input type="checkbox"/> 9
Construction toys (e.g. meccano, etc) .....	<input type="checkbox"/> 3	Arts materials .....	<input type="checkbox"/> 10
Other toys (dolls, teddies, etc) .....	<input type="checkbox"/> 4	Pretend play items .....	<input type="checkbox"/> 11
Television/video/DVD .....	<input type="checkbox"/> 5	Other (please specify) _____	
Computer .....	<input type="checkbox"/> 7		

**Q16. For each of the following statements please tick the box which best describes the study child in the last month?**

	Never the case	Seldom the case	Sometimes the case	Often the case	Very often the case	Always the case	Not applicable
This child enjoys being minded by me							
This child is comfortable with most of the children							
This child tends to avoid contact with other children							
This child really enjoys the games and play materials at child care							

**Q17. Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child's behaviour in the last month.**

	Not True	Somewhat True	Certainly True
A. Considerate of other people's feelings .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Restless, overactive, cannot stay still for long .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Often complains of headaches, stomach-aches or sickness .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Shares readily with other children (treats, toys, pencils etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Often has temper tantrums or hot tempers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Rather solitary, tends to play alone .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Generally obedient, usually does what adults request .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Many worries, often seems worried.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Helpful if someone is hurt, upset or feeling ill.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J. Constantly fidgeting or squirming .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
K. Has at least one good friend.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
L. Often fights with other children or bullies them .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
M. Often unhappy, down-hearted or tearful .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
N. Generally liked by other children .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
O. Easily distracted, concentration wanders.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
P. Nervous or clingy in new situations, easily loses confidence.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q. Kind to younger children .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
R. Often argumentative with adults.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
S. Picked on or bullied by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
T. Often volunteers to help others (parents, teachers, other children) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
U. Can stop and think things out before acting .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
V. Can be spiteful to others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
W. Gets on better with adults than with other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
X. Many fears, easily scared.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Y. Sees tasks through to the end, good attention span .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**Q18. Would you describe the quality of your relationship with this child as:**

- Very good ..... 1
- Good ..... 2
- Fair ..... 3
- Bad ..... 4
- Very bad ..... 5

**Q19. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?**

- |                            |                            |                               |                            |                            |
|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| Very easy                  | Somewhat easy              | Neither easy nor<br>difficult | Somewhat difficult         | Very difficult             |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3    | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**Q20. Do you have any concerns about any aspects of the Study Child's behaviour or development?**

- Yes ..... 1                      No..... 2

**Q21. What concerns do you have?**

\_\_\_\_\_

\_\_\_\_\_

**Q22. How worried are you about the Study child's language development?**

- Not at all worried..... 1
- A little worried..... 2
- Worried ..... 3
- Very worried..... 4

**Q23. Do you look after the study child when he or she is sick?**

Never ..... 1      Rarely ..... 2      Frequently ..... 3      Always ..... 4

**Finally, we would like to know some things about you.**

**Q24. What is your date of birth?**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day      Month      Year

**Q25. What is your gender?**

Male ..... 1      Female..... 2

**Q26. What is your nationality?**

\_\_\_\_\_

**Q27. Which of the following best describes your current employment status?**

Working for payment or profit ..... <input type="checkbox"/> 1	Looking after home/family ..... <input type="checkbox"/> 5
Looking for first regular job ..... <input type="checkbox"/> 2	Retired from employment..... <input type="checkbox"/> 6
Unemployed ..... <input type="checkbox"/> 3	Unable to work due to permanent sickness or disability ..... <input type="checkbox"/> 7
Student or pupil ..... <input type="checkbox"/> 4	Other (please specify) ..... <input type="checkbox"/> 8

**Q28. Is caring for children your main occupation?**

Yes ..... 1      No ..... 2

**Q29. Do you get paid for this care?**

Yes ..... 1      No ..... 2

**Q30. If no, please tell us your main occupation using precise terms (e.g. 'national school teacher' instead of 'teacher').**

\_\_\_\_\_

**Q31. What is the highest level of education that you have completed?**

No formal education ..... <input type="checkbox"/> 1	National Certificate (Level 5) ..... <input type="checkbox"/> 5
Primary ..... <input type="checkbox"/> 2	National Diploma (Level 6) ..... <input type="checkbox"/> 6
Junior Cert. or equivalent ..... <input type="checkbox"/> 3	Degree (Level 7 or 8) ..... <input type="checkbox"/> 7
Leaving Cert. or equivalent ..... <input type="checkbox"/> 4	Postgraduate Degree (Level 9+) ..... <input type="checkbox"/> 8

**Q32. Do you have any specific qualification in childcare excluding your experience of raising your own children?**

(a) No formal childcare qualification ..... 1 → **Go to Q35**

(b) FETAC Major Award in Childcare (Levels 4,5 or 6) ..... 2

(c) FETAC minor component award(s) in childcare at Levels 4,5 or 6. .... 3

(d) Award equivalent to (b) and (c) such as NNEB, City & Guilds, Cache ..... 4

(e) HETAC or Third Level ..... 5

(f) International awards in childcare at higher level ..... 6

(g) Other awards in related course(s) (e.g. primary teaching, social care, nursing etc) ..... 5

**Q33. Please indicate the subject area in which the qualification was obtained:**

Childcare ..... <input type="checkbox"/> 1	Behaviour management..... <input type="checkbox"/> 6
National school teaching ..... <input type="checkbox"/> 2	Speech and language therapy ..... <input type="checkbox"/> 7
Other education ..... <input type="checkbox"/> 3	Nursing ..... <input type="checkbox"/> 8
Child psychology/development ..... <input type="checkbox"/> 4	Other (please specify) ..... <input type="checkbox"/> 9
Special needs assistance ..... <input type="checkbox"/> 5	

**Q34. When did you receive this qualification?**

Year: \_\_\_\_\_

**Q35. Have you undertaken any other training relevant to caring for children? Tick all that apply.**

Child psychology ..... <input type="checkbox"/> 1	Nutrition/Diet ..... <input type="checkbox"/> 4
Sign language ..... <input type="checkbox"/> 2	Other (please specify) ..... <input type="checkbox"/> 5
First aid ..... <input type="checkbox"/> 3	

**Q36. For how long have you provided this type of childcare?** \_\_\_\_\_ years \_\_\_\_\_ months

**Q37. How many hours do you spend each week providing childcare?** \_\_\_\_\_ hours

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.  
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.  
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE  
THE GROWING UP IN IRELAND TEAM AT 01-8632000**