

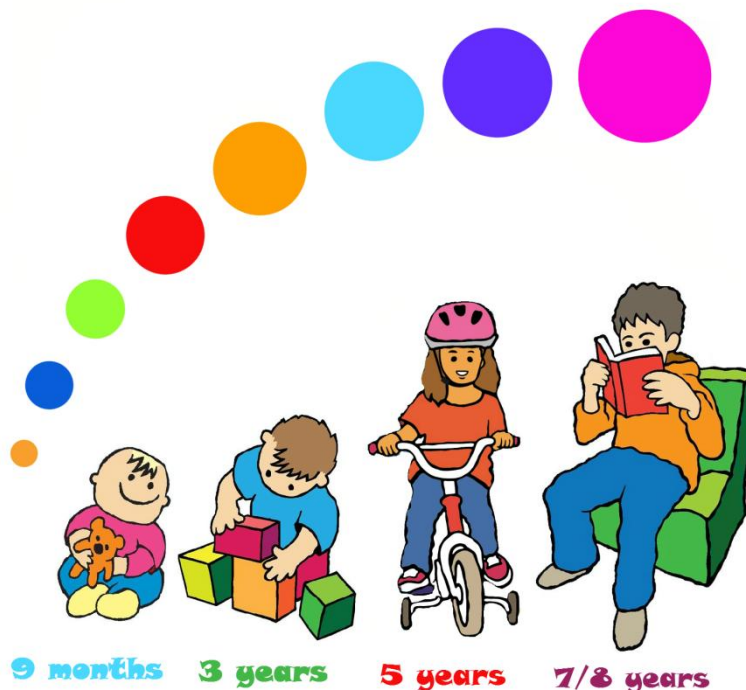


**Growing Up
in Ireland**
National Longitudinal
Study of Children

Your Child at 7/8 Years of Age

Please fill in this confidential questionnaire about your 7/8-year-old child who is taking part in *Growing Up in Ireland* and return it in the postage-paid envelope provided.

Thank you for your help and assistance in this important project!



STRICTLY CONFIDENTIAL

How does this questionnaire fit into the Growing Up in Ireland study?

Growing Up in Ireland is a longitudinal study – that means we re-visit the same children and their families as they grow up so we can better understand how things such as school, family, diet and activities influence their well-being and development.

You probably recall that we last visited you when your child ('the Study Child') was 5 years old. We hope to visit again to do a personal interview when your child is 9 years old. In the meantime, we would like to catch up with you by post to ask about how he or she has settled in to school, what his or her health is like, and how other aspects of life have changed since the age of 5.

Growing Up in Ireland is a government-funded study. The Department of Children and Youth Affairs is overseeing and managing the study, and it is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

What will happen to this questionnaire?

We would like you to fill out this questionnaire and return it to the ESRI by post - a postage-paid envelope has been included in this pack. Each questionnaire has a unique ID number on it that will allow us to add it to the other information you have given us in previous visits. The information you provide in this postal questionnaire will be treated with the same strict confidence as when you spoke to an interviewer in person.

Where can you get more information?

A more detailed information sheet accompanies this questionnaire – it should answer any other questions you have about the **Growing Up in Ireland** study. If you need further information about any aspect of this questionnaire please Freephone 1800-200 434 or email growingup@esri.ie.

Points to remember:

- This questionnaire is mainly about your 7/8-year-old child who has been the focus of the **Growing Up in Ireland** interviews in the past. Please think only of this child when answering the questions about "your child". If you have twins or triplets taking part in the Study, you will be sent a separate questionnaire for each child taking part and the cover letter will explain which questionnaire is for which child.
- This questionnaire should be filled out by the child's parent or legal guardian – ideally the person to whom this pack was addressed. If that person is not available, **the questionnaire should be completed by the parent or guardian who usually takes most care of the Study Child**. If you are unsure who should fill out the questionnaire, please contact the Study Team at Freephone 1800-200 434.
- If you do not know the answer to a particular question, please write "don't know" underneath. If you prefer not to answer a question, please draw a line through it. This will be very helpful to the Study Team compared to leaving a question blank.
- Please do not write in any names on this questionnaire. This will preserve confidentiality at all stages. Please use terms such as "my child" or "he" or "she" instead.

Many thanks to you and your family for taking the time to help with this very important study of children and young people in Ireland.

SECTION A: YOU AND YOUR FAMILY

1. Are you the parent/guardian who completed the main parent interview for *Growing Up in Ireland* last time (and to whom the letter accompanying this questionnaire was addressed)?

Yes..... ₁

No ₂

2. If no, what is the main reason that you are completing this questionnaire?

We have changed roles and I now spend most time parenting the child..... ₁

The other parent/guardian prefers not to complete this questionnaire..... ₂

The other parent/guardian is unable to complete this questionnaire ₃

We have separated and the other parent/guardian no longer lives here..... ₄

I am a new foster or adoptive parent to this child..... ₅

Other reason (please write it down) _____ ₆

3. Which of the following best describes your relationship to the Study Child? (please tick one only)

Parent..... ₁

Step-parent/partner of child's parent..... ₂

Adoptive or foster parent..... ₃

Grandparent ₄

Other relationship ₅ → (please write it down) _____

4. Do you live here with a spouse or partner? Yes ₁ No ₂

5. We would like you to think of all the people living in your household. Could you list everyone who currently lives here, starting with the 7/8-year-old in the study, then yourself and then other family members? Include older siblings who are away at college but come home at the weekend or parents temporarily away from home for work. (please put one person on each line)

Person	(a) Are they male (M) or female (F)?	(b) Date of Birth __/__/____ DD/MM/YEAR	(c) How is this person related to the Study Child? (He/she is the child's ____)	(d) Did this person live with the Study Child when the child was 5 years of age?	
				Yes	No
1. The Study Child (7/8 years)	M <input type="checkbox"/> ₁ F <input type="checkbox"/> ₂	__/__/____	1. 7/8-year-old 2. Parent of 7/8-year-old 3. Spouse/Partner of parent but not 7/8-year-old's parent 4. Brother/sister 5. Other relative 6. Other non-relative <input checked="" type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. You	M <input type="checkbox"/> ₁ F <input type="checkbox"/> ₂	__/__/____	<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"/> ₁	<input type="checkbox"/> ₂
3. Your spouse/partner (if applicable)	M <input type="checkbox"/> ₁ F <input type="checkbox"/> ₂	__/__/____	<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"/> ₁	<input type="checkbox"/> ₂
4. Person 4	M <input type="checkbox"/> ₁ F <input type="checkbox"/> ₂	__/__/____	<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"/> ₁	<input type="checkbox"/> ₂
5. Person 5	M <input type="checkbox"/> ₁ F <input type="checkbox"/> ₂	__/__/____	<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"/> ₁	<input type="checkbox"/> ₂
6. Person 6	M <input type="checkbox"/> ₁ F <input type="checkbox"/> ₂	__/__/____	<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"/> ₁	<input type="checkbox"/> ₂
7. Person 7	M <input type="checkbox"/> ₁ F <input type="checkbox"/> ₂	__/__/____	<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"/> ₁	<input type="checkbox"/> ₂
8. Person 8	M <input type="checkbox"/> ₁ F <input type="checkbox"/> ₂	__/__/____	<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"/> ₁	<input type="checkbox"/> ₂
9. Person 9	M <input type="checkbox"/> ₁ F <input type="checkbox"/> ₂	__/__/____	<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"/> ₁	<input type="checkbox"/> ₂

6. Which of the following best describes your status with regard to work or education? Please tick one box only to indicate which of the following BEST describes your usual situation at the moment.

- | | | | | | |
|--|--------------------------|---|---|--------------------------|----|
| 1. Currently on maternity leave, but have a job to return to | <input type="checkbox"/> | 1 | 5. Student full-time | <input type="checkbox"/> | 5 |
| 2. Employee (incl. apprenticeship or Community Employment) | <input type="checkbox"/> | 2 | 6. On State training scheme (e.g. SOLAS/FÁS) | <input type="checkbox"/> | 6 |
| 3. Self-employed outside farming | <input type="checkbox"/> | 3 | 7. Unemployed, actively looking for a job | <input type="checkbox"/> | 7 |
| 4. Farmer | <input type="checkbox"/> | 4 | 8. Long-term sickness or disability | <input type="checkbox"/> | 8 |
| | | | 9. Home duties / looking after home or family | <input type="checkbox"/> | 9 |
| | | | 10. Retired | <input type="checkbox"/> | 10 |
| | | | 11. Other (please write it in) | <input type="checkbox"/> | 11 |

7a. How many hours do you work per week? Hours: _____

7b. In addition to your main situation in the answer above, do you also work for payment or profit on a part-time basis? Yes 1 No 2

7c. Approximately how many hours per week? Hours: _____

8. How many of the adults (18 years or over) in this household (the people listed at Q5) are currently in paid employment, either on a full-time or part-time basis?

Number of adults in household who have a full-time or part-time job: _____

SECTION B: YOUR CHILD'S HEALTH AND DEVELOPMENT

9. In general, how would you say the Study Child's current health is? (tick one only)

- Very healthy, no problems 1
 Healthy, but a few minor problems 2
 Sometimes quite ill 3
 Almost always unwell 4

10. Does the Study Child have any longstanding physical or mental illness, condition or disability? By longstanding, I mean anything that has troubled him/her over a period of time or that is likely to do so into the future?

Yes 1 No 2

11. What is the nature of this problem, illness or disability? Please describe as fully as possible.
 [Please record diagnosis – not symptoms of the problem.]

12. Is the Study Child hampered in his/her daily activities by this problem, illness or disability?

Yes, severely 1 Yes, to some extent..... 2 No 3

13. Has this problem been diagnosed by a medical professional? Yes 1 No.... 2

14. When was this problem, illness or disability diagnosed? _____ (mth) _____ (year)

15. The next questions are about how your child is learning and getting along. Please tell us if you are "not concerned", "a little concerned" or "concerned" about your child, using one box on each line.

Do you have any concerns about :

Not concerned A little concerned Concerned

- | | | | |
|----|----------------------------|----------------------------|----------------------------|
| a. | | | |
| b. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. | | | |
| d. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e. | | | |
| f. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g. | | | |
| h. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| i. | | | |

16. How often would you say the Study Child:

**Never Seldom Often Almost
always**

a.		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b.				
c.		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d.				
e.		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f.				
g.		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h.				
i.		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j.				
k.		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l.				
m.		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n.				
o.		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p.				
q.		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r.				
s.		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t.				
u.		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
v.				
w.		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
x.				
y.		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
z.				

17. In the last 24 hours, has the Study Child had the following foods and drinks:

	Once	More than Once	Not At all
a. Fresh fruit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Cooked vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Raw vegetables or salad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Hamburger, hot dog, sausage or sausage roll, meat pie	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Hot chips or French fries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Crisps or savoury snacks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Sweets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Full fat cheese/yoghurt/ fromage frais	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Low fat Cheese/ low fat yoghurt	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Water (tap water / still water/ sparkling water)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Fizzy drinks / minerals / cordial / squash (diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Fizzy drinks / minerals / cordial / squash (not diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. Full cream milk or full cream milk products	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. Skimmed/Semi-skimmed milk or Skimmed/Semi skimmed milk products	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

18. What is your 7/8-year-old's height in centimetres or feet/inches? Please measure his or her actual height without shoes, and write in the measurement here.

_____ cms OR _____ feet _____ inches

19. What is your 7/8-year-old's weight in kilograms or stones/lbs? Please weigh your child in light clothing and without shoes, and write in the measurement here.

_____ kilos OR _____ stones _____ lbs

SECTION C: YOUR CHILD'S EDUCATION AND AFTER-SCHOOL CARE

20. What class/year is the Study Child in now? (tick one only)

- Junior Infants ₁
- Senior Infants ₂
- 1st Class ₃
- 2nd Class ₄
- Other ₅ → (please write it down) _____

21. What school is your child attending now? Please write in the full name of the school below.

School name: _____

Address: _____

22. Is this the same school as he/she was attending in Winter 2013?

- Yes ₁ No ₂ Wasn't at school then ₃

23. Please think about how your child has been getting on at school since September:

- | | More than
once a week | Once a week
or less | Not at
all |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| a. How often has he/she complained about school? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b. How often has he/she said good things about school? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c. How often has he/she looked forward to going to school? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d. How often has he/she been upset or reluctant to go to school? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

24. How do you feel about the pace of learning at school for your child? Is it... (please tick one only)

- Too fast for him/her ₁ Just right for him/her ₂ Too slow for him/her ₃

25. And which of these statements best describes how your child is finding his/her school work?

- Usually finds it hard ₁ Sometimes finds it hard... ₂ Never finds it hard ₃

26. Can you tell me how much you agree or disagree with these statements about how the Study Child has settled into school over the last few years? (please tick one box on each line)

- | | Strongly
agree | Agree | Neither agree
nor disagree | Disagree | Strongly
disagree | Don't
know |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. He/she finds it hard to sit still and listen in class | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| b. The teacher knows him/her well and gives him/her just the support he/she needs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| c. He/she has adjusted easily to the way they do things in school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

27. Compared to other children of his/her age, how well do you think your child is doing in the following subjects at school? (please tick one box on each line)

- | | Well above
Average | Above
average | Average | Below
average | Well below
average |
|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Reading | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. Writing | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. Maths and numeracy | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

28. Is the Study Child minded by someone other than you or your resident spouse / partner on a regular basis before/after school during the school year (between September and June)?

- Yes ₁ No ₂

29. Which of the following best describes that person? If you use more than one type of care, please think of the main type of care.

- | | | | |
|---------------------------------------|---------------------------------------|---|---------------------------------------|
| a. A relative in your home | <input type="checkbox"/> ₁ | e. After or before School Service within School | <input type="checkbox"/> ₅ |
| b. A non-relative in your home | <input type="checkbox"/> ₂ | f. Other After or Before School Service | <input type="checkbox"/> ₆ |
| c. A relative in their home | <input type="checkbox"/> ₃ | g. Other (please write it down) | <input type="checkbox"/> ₇ |
| d. A non-relative in their home | <input type="checkbox"/> ₄ | | |

30. How many hours per week does the Study Child spend in this main type of care? _____ (hrs/wk)

31. And how much does this main type of care cost per week? If the care is free, please write in '0'. If you pay per fortnight or per month, please divide the amount by 2, 4 etc to get a weekly amount.

€ _____ (amount per week)

SECTION D: YOUR CHILD'S ACTIVITIES AND PASTIMES

32. 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 over the last six months.

	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 lies or cheats.....	<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. Thinks things out before acting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
v. Steals from home, school or elsewhere	<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

33. Can you tell me how often the Study Child takes part in the following activities outside school?

	Never	Less than once p/w	1-2 times per week	3-6 times per week	Every day
a. Plays games that involve a lot of running around, like football...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Plays games that involve some activity like trampolining	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Rides a bike, tricycle or scooter	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Plays on a device like a computer or iPad by themselves.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Plays "make believe" or pretend games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Paints, draws or makes models	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Enjoys dance, music, movement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Reads for pleasure by themselves.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

34. I would like you to think about all the time the Study Child spends per day watching TV, videos, DVDs, or using a computer, iPad, smart phone, or electronic games system. We are talking about the total amount of time he/she spends in front of any 'screen' (computer or TV or game) on a typical day. How much time would he or she spend on this type of 'screen time' on (a) an average week day and (b) an average weekend day? Do not include time spent using screens at school.

(a) (WEEK day) _____ hours _____ minutes **AND** (b) (WEEKEND day) _____ hours _____ minutes

35. How often would your child eat snacks while watching TV, playing games etc?

Always/almost always₁ Often.....₂ Occasionally.....₃ Never/almost never₄

SECTION E: BEING A PARENT

36. How often would you do any of the following with the Study Child?

	Never	Hardly ever	Occasionally	Once or twice a week	Everyday
a. Play with him/her using toys or games/puzzles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Play computer games with him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Visit the library	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Listen to him/her read	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Read to him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Use computer with him/her in educational ways	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Participate in sport or physical activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Go on educational visits outside home, such as museums, farms....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. Go shopping.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

37. Here are some statements about the relationship between you and the Study Child. Please read each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Does not really apply	Neutral /not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My child and I always seem to be struggling with each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. If upset, my child will seek comfort from me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My child is uncomfortable with physical affection or touch from me ..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child values his/her relationship with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. When I praise my child he/she beams with pride.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. My child spontaneously shares information about him/herself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. My child easily becomes angry at me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. It is easy to be in tune with what my child is feeling.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. My child remains angry or is resistant after being disciplined.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. Dealing with my child drains my energy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. When my child is in a bad mood I know we're in for a long and difficult day.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. My child's feelings toward me can be unpredictable or can change suddenly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. My child is sneaky or manipulative with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. My child openly shares his/her feelings and experiences with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Finally, a few questions about how your family is coping with money and finance at the moment.

38. A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet? Would you say... (Please tick (✓) one only)

With great difficulty 1 With difficulty 2 With some difficulty 3 Fairly easily 4 Easily 5 Very easily 6

39. Compared to when the Study Child was 5 years old, how has your overall financial position changed, if at all? Would you say that you are ... (Please tick (✓) one only)

Much better off now 1 Somewhat better off now 2 No change 3 Somewhat worse off now 4 Much worse off now 5

40. Thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance/Child Benefit? (Please tick (✓) one only)

None 1 Less than 5% 2 5% to less than 20% 3 20% to less than 50% 4 50% to less than 75% 5 75% to less than 100% 6 100% 7