GROWING UP IN IRELAND – national study of children
Strictly Confidential – HOME-BASED CARE

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 .................................................. [1]
Grandfather .................................................. [2]
Other relative ................................. [3]
Friend of parent ........................................... [4]
Registered childminder .......................... [5]
Unregistered childminder ......................... [6]

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 ........................................ [2]
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

Q7. We would like to know how the study child spends his or her time while in your care. There follows a list of activities that a 9 year-old might engage in. Please indicate how often he or she participates in each activity.

Watching television/videos/DVD’s

Using a computer

Reading

Doing homework

Playing

Q8. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

Q9. On a typical day, how many children are in your care (excluding the study child, but including your own children)?
__________________ children

Q10. What ages are these children? (Please indicate the number of children in these age categories, again excluding the Study Child)
0 – 11 months ______________________ 7-9 years ______________________
1- 3 years ______________________ 10 - 12 years ______________________
4-6 years ______________________ 12 years and over ______________________
Q11. When you are minding the Study Child how many children’s books are available to the study child to read/look at? Do you estimate….

None ........................................................... □
Less than 10................................................ □
Between 10 and 20 ..................................... □
21 – 30 ........................................................ □
More than 30............................................... □

Q12. Do you look after the study child when he or she is sick?

Never .......... □ 
Rarely .......... □ 
Frequently .......... □ 
Always .......... □

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

Q13. What is your date of birth?

Day Month Year

Q14. What is your gender?

Male ......................... □
Female .................... □

Q15. What is your nationality?

________________________________________

Q16. Which of the following best describes your current employment status?

Working for payment or profit ...................... □
Looking after home/family .......................... □
Looking for first regular job ....................... □
Retired from employment .......................... □
Unemployed ............................................. □
Unable to work due to permanent sickness or disability ...... □
Student or pupil ...................................... □
Other (please specify) ............................... □

Q17. Is caring for children your main occupation?

Yes ............. □
No ............. □

Q18. If no, please tell us your main occupation using precise terms (e.g. ‘national school teacher’ instead of ‘teacher’).

__________________________________________________________________________________

Q19. What is the highest level of education that you have completed?

No formal education ......................... □
Certificate ......................................... □
Primary ............................................. □
Diploma ............................................. □
Junior Cert. or equivalent ..................... □
Degree ............................................. □
Leaving Cert. or equivalent .................... □
Postgraduate Degree ............................ □

Q20. Do you have any childcare or childcare related qualifications (e.g. teaching, nursing, montessori) excluding your experience of raising your own children?

No .......................................................... □
Yes, certificate level of less than one year’s duration .......... □
Yes, certificate level or above of greater than one year’s duration .... □

Q21. Have you undertaken any other training relevant to caring for children? Tick all that apply

Childcare ............................................. □
National school teaching ......................... □
Other education ...................................... □
Child psychology/development .................. □
Nutrition/Diet ...................................... □
Sign language ..................................... □
Special needs assistance ........................ □
Speech and language therapy .................. □
Nursing ............................................. □
Other ............................................... □
First aid ........................................... □

Q22. How long have you worked in a childcare situation? _________ years _________ months

Q23. How many hours do you work each week in 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